

Case Number:	CM15-0104119		
Date Assigned:	06/08/2015	Date of Injury:	03/27/2012
Decision Date:	07/14/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female, who sustained an industrial injury on March 27, 2012. She reported a neck injury due to cumulative trauma. The injured worker was diagnosed as having spasm of muscle, brachial neuritis/radiculitis, cervicgia, cervicocranial syndrome, degenerative cervical intervertebral disc, Variants migraine with intractable migraine, unspecified myalgia and myositis, and cervical spondylosis without myelopathy. Diagnostic studies to date have included MRIs and neurophysiologic studies. On November 15, 2013, an MRI of the cervical spine revealed bulging disc at cervical 4-5, cervical 5-6, and cervical 6-7. The cervical 5-6 disc bulge contacted the cord, but did not compress the cord. The foramina were patent. There was spinal straightening suggesting spasm. Treatment to date has included cervical medial branch block, home exercise, physical therapy, acupuncture, cervical epidural steroid injections, and medications including short-acting and long acting opioid, muscle relaxant, combination non-steroidal anti-inflammatory drug/H2 antagonist, and migraine. On April 20, 2015, the injured worker complains of continued neck and low back pain, with headaches occurring every other day. The physical exam revealed ongoing neck pain - greater on the left than the right, crepitus on active range of motion with headache onset and return of residual left arm/hand pain. There was tenderness of the cervical paraspinal muscles, spasms on the left trapezius area, and ongoing residual left upper back pain/lower neck. The treatment plan includes a repeat left medial branch block at the cervical 2, cervical 3, and cervical 5.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 left medial branch block at C2, C3, C4 and C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8.

Decision rationale: MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended; however, 4 levels are requested. Per report review, objective findings indicate radiculopathy symptoms along with diagnosis of cervical radiculopathy s/p epidural injections, a contraindication to facet injections, as they are limited to patients with cervical pain that is non-radicular. Submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). The 1 left medial branch block at C2, C3, C4 and C5 are not medically necessary and appropriate.