

Case Number:	CM15-0105918		
Date Assigned:	06/10/2015	Date of Injury:	04/24/2014
Decision Date:	11/30/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

This is a 64-year-old male with a date of injury on 4-24-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 5-15-15 reports continued complaints of neck pain rated 6-7 out of 10 without medication and 3-4 out of 10 with medication. Physical exam of cervical spine and upper extremities: no gross deformity, tender to palpation of the para-cervical muscles, tenderness at the base of the skull, range of motion is decreased in all directions with pain, bilateral upper extremities sensory to light touch and pinprick is intact, positive facet loading test. The recent medial branch block provided 80-90 percent relief in symptoms and he did not need to use anaprox or Vicodin. Since the injection on 4-14-15, the symptoms have come back to baseline. Diagnostic testing: x-ray cervical spine 4-29-14 reveal no acute fracture or subluxation, spondylolisthesis with moderate disc space collapse and end-plate changes, MRI cervical spine 12-12-14 reveals facet arthropathy. Treatments include: medication, conservative care, medial branch blocks (4-14-15) and H-wave. Request for authorization dated 5-15-15 was made for right cervical medial branch blocks at cervical 4-C5 and cervical 5-C6. Utilization review dated 5-27-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Medial Branch Blocks, Cervical C4-C5, C5-C6, Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/facet blocks-facet neurotomy.

Decision rationale: MTUS Guidelines do not adequately address this issue. ODG Guidelines address this issue in detail and the Guidelines support facet radiculofrequency neurotomies if the prior medial branch blocks were successful with temporary pain relief. This individual meets these criteria. The narratives make it clear that the request is for follow-up radiofrequency neurotomies and the procedural request is consistent with this. It is unclear how this became a request for repeat medial branch blocks in U.R. The request for right sided (or bilateral) radiofrequency neurotomies cervical (C4-C6) is supported by Guidelines and is medically necessary. (The Right Cervical Medial Branch Blocks, Cervical C4-C5, C5-C6, Qty 1 appears to be an error as this was not the follow-up request).