

Case Number:	CM15-0131208		
Date Assigned:	07/17/2015	Date of Injury:	12/06/2006
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female, who sustained an industrial injury on 12/6/2006. She reported pain in her cervical area, down her left arm, lower back and down her left leg after falling. Diagnoses have included cervical facet arthropathy, cervical spine fusion in 2012, cervical radiculopathy, lumbar radiculopathy, multilevel disc herniations of cervical spine with moderate to severe neural foraminal narrowing and multilevel disc herniations of lumbar spine with mild to moderate neural foraminal narrowing. Treatment to date has included magnetic resonance imaging (MRI), epidural steroid injection and medication. According to the progress report dated 5/18/2015, the injured worker complained of right shoulder, low back and neck pain. She rated her neck and low back pain as ten out of ten. She also reported full body pain. Since the last visit, the injured worker underwent epidural steroid injection at right C4-C5 and C5-C6 and reported ten percent improvement for about nine days. Objective findings revealed diffuse tenderness to palpation of the cervical spine with decreased flexion and decreased extension. There was also diffuse tenderness to palpation of the lumbar paraspinals and decreased sensation in the left L3 dermatome. Straight leg raise was positive on the right. Authorization was requested for medial branch blocks to right C4-5 and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MBB (medial branch blocks) right C4/5 and C5/6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic): facet joint diagnostic blocks.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2006 and continues to be treated for neck, low back, and right shoulder pain. Prior treatments had included an anterior cervical decompression and fusion at C3-4. When seen, there had been 10% improvement after a cervical epidural injection. She was having neck pain rated at 10/10 with radiating symptoms into the right upper extremity with stabbing, aching, numbness, and tingling. There was diffuse cervical tenderness and decreased range of motion limited by pain. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has complaints of radicular pain. There are no physical examination findings that support right sided cervical facet mediated pain as causing her symptoms. The requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.