MAXIMUS Federal Services

| Case Number: | CM15-0131879 | | |
|---|---|---|---|
| Date Assigned: | 07/20/2015 | Date of Injury: | 03/21/2012 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

## 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: Texas, New York, 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:

The applicant is a represented 52-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 21, 2012. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for multilevel cervical medial branch blocks. The RFA form received on June 20, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 20, 2015, the multilevel medial branch blocks at issue were sought. In an associated progress note of June 20, 2015, the applicant reported ongoing complaints of right shoulder and arm pain. The applicant had undergone earlier shoulder surgery, it was reported. The applicant's past medical history is notable for spine problems, neck problems, headaches, and asthma, it was reported. The applicant's medications included Norco, Atarax, and estrogen, it was reported. Multilevel medial branch blocks were sought. The note was very sparse, thinly developed, and did not furnish clear rationale for the medial branch blocks. The applicant was given diagnoses, which included neck pain, cervical spondylosis, and spinal stenosis in the cervical region. Cervical MRI imaging was sought via an RFA form dated June 23, 2015, again without much supporting rationale or supporting commentary. A medical-legal evaluator reported on January 13, 2015 that the applicant had stopped working and that reportedly retried as of December 2014. Ongoing complaints of neck pain, elbow pain, hand pain, upper back pain, headaches, and shoulder pain were reported. Hyposensorium about the right wrist was appreciated at the site of earlier wrist surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block at C3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Low Back, Lumbar and Thoracic (Acute and Chronic), Facet Joint Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** No, the request for a medial branch block at C3 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as medial branch blocks at issue are deemed "not recommended" in the evaluation and management of the applicants with neck and upper back complaints, as were/are present here. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of diagnostic medial branch blocks in the face of the unfavorable ACOEM position on the same. Little-to-no narrative rationale or narrative commentary accompanied the June 20, 2015 progress note and/or associated RFA form. The attending provider did not, furthermore, clearly state why he suspected facetogenic or discogenic neck pain here. The attending provider's pursuit of diagnostic medial branch blocks was seemingly incongruous with his concomitant pursuit of MRI imaging of the cervical spine for reported cervical stenosis. Therefore, the request was not medically necessary.

**Medial branch block at C4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Low Back, Lumbar and Thoracic (Acute and Chronic), Facet Joint Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** Similarly, the request for a medial branch block at C4 was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch block at issue are deemed "not recommended" in the evaluation and management of the applicant's with neck and upper back complaints as were/are present here. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of diagnostic medial branch blocks in the face of the unfavorable ACOEM position on the same. Little-to-no narrative rationale accompanied the June 20, 2015 progress note and/or associated RFA form. The attending provider failed to reconcile his pursuit of diagnostic medial branch blocks for reported cervical spondylosis for his

concurrent pursuit of cervical MRI imaging for alleged cervical spinal stenosis. Therefore, the request was not medically necessary.

**Medial Branch Block at C5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Low Back, Lumbar and Thoracic (Acute and Chronic), Facet Joint Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** Similarly, the request for a medial branch block at C5 was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as medial branch block at issue are deemed "not recommended" in the evaluation and management with applicants with neck and upper back complaints, as were/are present here. Here, the attending provider failed to reconcile his request for diagnostic medial branch blocks with the unfavorable ACOEM position on the same. The attending provider failed to reconcile his pursuit of diagnostic medial branch blocks for reported cervical spondylosis with this concomitant pursuit of cervical MRI for reported cervical spinal stenosis. Therefore, the request was not medically necessary.

**Medial Branch Block at C6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Low Back, Lumbar and Thoracic (Acute and Chronic), Facet Joint Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** Finally, the request for a cervical medial branch block at C6 was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as medial branch blocks at issue are deemed "not recommended" in the evaluation and management of applicants with neck and upper back complaints, as were/are present here. The attending provider failed to reconcile his request for diagnostic medial branch blocks with the unfavorable ACOEM position on the same. The attending provider failed to reconcile his pursuit of diagnostic medial branch blocks for reported cervical spondylosis with his concomitant request for cervical MRI imaging to evaluate suspected cervical spinal stenosis. Therefore, the request was not medically necessary.