

Case Number:	CM15-0137255		
Date Assigned:	07/27/2015	Date of Injury:	11/25/2003
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii

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 66 year old male who sustained an industrial injury on 11/25/03 when a transmission fell on him causing immediate left shoulder and neck pain. He had subsequent right shoulder surgery 3/13/04, 3/2007, 5/2008, 2/2011 with persistent left and right shoulder pain and neck pain. He currently complains of lower cervical pain which was dull and radiated into the right scapula and right side of neck; when he moves his head to left or right or extends he had a "zingling" pain in the upper back. On physical exam there was decreased range of motion of the cervical spine, Spurling causes neck pain bilaterally, tenderness on palpation over the bilateral cervical paraspinals with tightness. Medications were Meloxicam, Gralise which was helpful. Diagnoses include status post anterior cervical discectomy and fusion C5-6 and C6-7 (3/13/13). Treatments to date include medications with benefit; cervical medial branch diagnostic blocks with excellent pain relief; bilateral C7-8 radiofrequency ablation (5/5/14) with small amount of relief; home exercise program; physical therapy; behavioral medicine evaluation. In the progress note dated 6/29/15 the treating provider's plan of care includes a request for bilateral medial branch blocks C4-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-C6 medial branch blocks under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back chapter, Facet joint diagnostic blocks.

Decision rationale: The patient presents with lower cervical pain which was dull and radiated into the right scapula and right side of neck. The current request is for Bilateral C4-C6 medial branch blocks under fluoroscopy guidance. The treating physician states, in a report dated 06/29/15, "I am requesting to perform C4 through C6 bilateral medial branch blocks. It is possible that his RFA was not useful because it was done on the lower cervical regions. This will be done under fluoroscopy". (244B) The MTUS guidelines are silent on the issue of medial branch blocks. ODG guidelines state the patient must have cervical pain that is non radicular and at no more than two levels bilaterally, no more than 2 joint levels are injected in one session. In this case, the treating physician has clearly documented on page 242B a diagnosis of Cervical Radiculopathy. The ODG guidelines state specifically that the clinical presentation of a candidate for cervical diagnostic blocks should be consistent with the guidelines. The treating physician has documented that the patient has radicular pain which does not meet the criteria for facet joint pain with need for a diagnostic block. The current request is not medically necessary.