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| Case Number: | CM15-0142920 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 04/23/2014 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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 51-year-old male who sustained an industrial injury on 04-23-2014 due to lifting. Diagnoses include cervical pain, cervicgia; facet arthropathy, cervical, thoracic or lumbar; and encounter for long-term medication use not elsewhere classified. Treatment to date has included medications, epidural steroid injection, physical therapy, acupuncture, and modified activity. According to the progress notes dated 6-3-2015, the IW reported neck pain radiating down to the right shoulder and proximal arm rated 7 out of 10 without medication. The pain was aggravated by activity and alleviated by medication. On examination, extension and right lateral bending of the neck increased his pain. Exam of the bilateral upper and lower extremities was unremarkable. Sensation was intact. Facial weakness with mouth drooping was noted, with much less movement on the right side compared to the left. The provider speculated as to the cause of this, but was not sure if it was Bell's palsy. MRI (undated) showed small posterior broad based disc protrusion at C4-5 and C5-6 with minimal mass effect upon the ventral aspect of the cord; no resultant segmental stenosis was evident; mild uncovertebral joint degeneration was most pronounced at C4-5 and C5-6 without foraminal encroachment. A request was made for right medial branch block of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch block cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

Decision rationale: Per Guidelines, nerve blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, nerve injections/blocks are not recommended in patient who may exhibit radicular symptoms as indicated with pain down right shoulder and arm with identified disc protrusions s/p previous epidural injections, and performed over 2 joint levels concurrently. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Right medial branch block cervical spine is not medically necessary and appropriate.