

Case Number:	CM15-0144320		
Date Assigned:	08/10/2015	Date of Injury:	06/03/2003
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 63 year old male who sustained a work related injury June 3, 2003. Past history included status post left elbow surgery September 2003, status post C5-6 and C6-7 anterior cervical discectomy and fusion June 2004, status post facial surgery including excision of multiple scars, removal of facial metallic hardware, right lower lip muscle attachment, lip implant to the right lower lip, upper lip blepharoplasties and nasoseptal reconstruction April 2005, status post open reduction of nasal fracture, January 2007. An MRI of the cervical spine performed April 27, 2015, revealed severe right neural foraminal stenosis at C4-5 related to degenerative change in the uncovertebral joint. According to a nurse practitioners office visit notes, dated July 7, 2015, the injured worker presented with unchanged pain since his last visit. He rates his pain with medication 5 out of 10 and quality of his sleep is fair. He is well groomed with good communication ability and does not show signs of intoxication or withdrawal. Current medication included Vicodin, Relafen, Ultram, Lipitor, Metformin, and Nabumetone. Physical examination revealed; ambulates without an assisted device and gait is normal; range of motion of the cervical spine is restricted with flexion limited to 45 degrees by pain and extension limited to 40 degrees; spasm and tenderness of the paravertebral muscles; tenderness at the greater occipital nerves; Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms; positive Tinel's over bilateral occipital nerves. On sensory examination light touch is decreased over the C6 and C7 upper extremity dermatomes on the left side. Hoffman's sign is negative. Diagnoses are cervical radiculopathy; cervical pain; headache-facial pain; dizziness and giddiness. The injured worker had seen a spine surgeon on June 24, 2015,

and recommended Gabapentin for neuropathic pain. At issue, is the request for authorization for a medial branch block left C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at the left C4-C5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back-Facet joint diagnostic blocks.

MAXIMUS 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 (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician now states the patient no longer has radicular pain which was only 5% of his overall pain before. The reason for the denial was because of the radicular pain and now they are no longer going to do an epidural injection. Therefore, the currently requested cervical medial branch block is medically necessary.