

Case Number:	CM15-0144899		
Date Assigned:	08/05/2015	Date of Injury:	02/11/1997
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
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

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 48-year-old female, who sustained an industrial injury on 2-11-97. She has reported initial complaints of a re-injury with re-fracture to the neck C5-C6 after a previous repair and surgery when she was rear-ended in a car accident. The diagnoses have included chronic pain syndrome, pain in the limb, other pain disorder related to psychological factors and Reflex sympathetic dystrophy syndrome of the upper limb. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, acupressure, intramuscular pain injection, spinal cord stimulator implant, and home exercise program (HEP). Currently, as per the physician progress note dated 6-19-15, the injured worker complains of ongoing neck and left upper extremity pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. There are no previous reports noted in the records. The current medications included Trazadone, Morphine Sulfate IR, Voltaren, Amerge and Ranitidine. The physical exam reveals that she ambulates without a device. The cervical exam reveals facet loading bilateral C5 and C6. The thoracic spine reveals tight muscle band, trigger point on the right side, peripheral neuropathy in the bilateral lower extremities, and decreased sensation in the left lower extremity (LLE). The physician requested treatment included one bilateral C5 and C6 medical branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral C5 and C6 medical branch block: 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 (ODG), Neck & Upper (Acute & Chronic): Facet joint diagnostics blocks (2014).

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

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 patient previously has had spinal fusion at the level of C5-6. In addition, it is unclear exactly what conservative treatment is being attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. In the absence of clarity regarding this issue, the currently requested cervical medial branch block is not medically necessary.