

Case Number:	CM15-0165353		
Date Assigned:	09/02/2015	Date of Injury:	11/22/2013
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

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 43 year old male, who sustained an industrial injury on 11-22-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having right cervical 4-5 facet joint arthrosis, recurrent right cervical axial pain and mild right ulnar neuritis and median neuritis. There is no record of a recent diagnostic study. Treatment to date has included cervical facet injection, therapy and medication management. In a progress note dated 7-29-2015, the injured worker complains of right cervical pain. Physical examination showed cervical pain with range of motion. The treating physician is requesting right cervical 4-5 medial branch block-facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-5 medical branch block/facet joint injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Neck and Upper Back Chapter, Facet Joint Therapeutic Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for neck pain. A cervical facet injections on 05/28/15 is referenced as decreasing pain by 80%. When seen, there had been a gradual and progressive return of right-sided cervical axial pain. Physical examination findings included positive cervical facet loading with a normal neurological examination. Authorization was requested for a repeat medial branch block with intra-articular facet injections has a dual diagnostic block with consideration of radiofrequency ablation. The procedure report from the injection done in May 2015 was reviewed. Conscious sedation was used for the procedure. Bupivacaine and Depo-Medrol was injected. Although the use of a confirmatory block is not currently being recommended, the rationale for this is related to cost. However, given the high cost of medial branch radiofrequency ablation, known rate of false positive diagnostic blocks, and the neuro destructive nature of the ablation procedure, if requested, a confirmatory block procedure should be considered for coverage. Performing an unnecessary radiofrequency ablation treatment not only places the individual at increased risk for nerve injury but also could potentially lead to unnecessary and costly repeat procedures. Although a "dual block" is being requested, only a single level is being treated. Conscious sedation is not being requested. The request is medically necessary.