

Case Number:	CM15-0165573		
Date Assigned:	08/28/2015	Date of Injury:	08/09/2007
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64-year-old female who sustained a work related injury August 9, 2007. Past history included status post cervical fusion. According to a primary treating physician's progress report, dated July 9, 2015, the injured worker presented for a follow-up of head, neck, shoulders, and upper back complaints. Her neck and shoulder pain is dominant with radiation down her right arm to the wrist, rated 8 out of 10, with weakness in the bilateral hands and occasionally dropping objects. She has radiation of her neck pain into the distal shoulder with spasms. Current medication included Norflex ER, Anaprox, Norco, Flanax, and Tylenol. Objective findings included gait normal; spasm cervical paraspinals C3-C7 right and right trapezius, tenderness to palpation over the cervical facet joints with positive loading on the right, limited range of motion especially with external rotation; diminished C5-C7 to pinprick on the right. MRI cervical spine, June 9, 2015 showed degenerative disc disease with minimal retrolisthesis and post-operative changes C5-6; canal stenosis C3-4 mild, 4-5 mild to moderate, 5-6 mild, and 6-7 mild to moderate canal stenosis; neural; neural foraminal narrowing including C4-5 mild to moderate bilateral and C6-7 severe left neural narrowing. Diagnoses are cervical adjacent segment disease; cervical degenerative disc disease; cervical myofascial strain; cervical spondylosis cervical facet arthropathy. At issue, is a request for authorization for a bilateral cervical medial branch block C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral CMBB at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back under Medial Branch Blocks, Diagnostic.

Decision rationale: This claimant was injured 8 years ago, and had a past cervical fusion. As of July, there is neck and shoulder pain. There are also radicular components, with weakness in the bilateral hands and occasionally dropping objects. Diagnoses are cervical adjacent segment disease; cervical degenerative disc disease; cervical myofascial strain; cervical spondylosis and cervical facet arthropathy. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with spinal pain that is non-radicular and at no more than two levels bilaterally. The surgical plans in this claimant is not clear. Also, this pain has strong radicular components, and so fails criterion 2. The request is appropriately not medically necessary.