

Case Number:	CM15-0167977		
Date Assigned:	09/08/2015	Date of Injury:	06/11/2014
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on June 11, 2014, incurring neck, upper back, and shoulder and hands injuries from cumulative traumatic repetitive activities. A cervical Magnetic Resonance Imaging revealed osteoarthritis, foraminal narrowing left facet arthropathy and vertebral spurring. She was diagnosed with cervical multi-level spondylosis and cervical radiculopathy. Treatment included cervical epidural steroid injection, pain medications, muscle relaxants, neuropathic medications, topical analgesic gel, and activity restrictions and work modifications. She underwent physical therapy with little relief. Electromyography studies were abnormal showing carpal tunnel syndrome. Conservative treatment with medications were ordered and started immediately after her injury in June, 2011. Currently, the injured worker complained of persistent neck, bilateral shoulders, upper arm, elbows, wrist and hands. She noted decreased range of motion. The treatment requested for authorization was a pre-operative appointment prior to a cervical medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre operative appointment prior to Cervical Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch blocks.

Decision rationale: Per the ODG, medial branch blocks injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria cited above have not been met in the clinical documentation as the patient has radicular pain symptoms on exam and therefore the request is not medically necessary.