

Case Number:	CM15-0168169		
Date Assigned:	09/08/2015	Date of Injury:	01/01/2010
Decision Date:	10/13/2015	UR Denial Date:	08/22/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 cumulative industrial injury on January 1, 2010 resulting in pain or injury to the back. A review of the medical records indicates that the injured worker is undergoing treatment for high blood pressure, asthma, kidney failure, chronic spinal pain, lumbar 17mm disc injury L5-S1, likely facet, and mild thoracic spinal pain thoracic disc, facet injury. Medical records from May 26, 2015, to August 12, 2015, indicate the injured worker reporting her pain level as 8-9 out of 10, with ongoing back pain, cervical pain at the right base of the occiput with sharp pain radiating to her upper trapezius and scapula bilaterally, and weakness, and feelings of restless leg syndrome, with instability and a sharp, shooting pain in the right leg when the injured worker hits uneven ground. The injured worker reported her symptoms are constant and worsening. Records also indicate the injured worker noted substantial benefit from medications as she had nociceptive, neuropathic, and inflammatory pain. Per the Treating Physician's progress report, the injured worker's disability status was noted to be temporarily totally disabled, off work for the previous nine months. The physical exams, dated May 26, 2015 to August 12, 2015, revealed consistent pain to palpation over the C3-C4, C4-C5, and C5-C6 facet capsules, bilaterally with secondary myofascial pain with triggering and ropey fibrotic banding, and pain with rotational extension indicative of facet capsular tears bilaterally. The August 5, 2015, report noted the source of the injured worker's cervical symptoms suggested a posterior element etiology with the pain in an upper cervical referral distribution suggesting C2-C3, C3-C4, and C4-C5 segmental pain, with pain over the joints and pain with lateral bending and extension/rotation towards the right side. The physician

noted, "we will first evaluate the joints with diagnostic medial branch blocks". Relevant treatments have included trigger point injections, which were noted to be helpful. The current medications were listed as Propranolol, Lisinopril, Cymbalta, Nexium, Zofran, Adderall, and Morphine. The treating physician indicates that a urine drug screen (UDS) on February 23, 2015 was within normal limits. The radiologist's report of a MRI scan was noted to describe an incidental hemangioma at T6, T7, and T8 with degenerative disc disease at C5-C6 and C6-C7. The request for authorization dated August 20, 2015, shows that cervical medial branch blocks at bilateral C2, C3, and C4 were requested. The original utilization review dated August 22, 2015, non-certified the request for a cervical medial branch block at bilateral C2, C3, and C4 as the injured worker had objective findings consistent with radicular pain and had not failed conservative care including a trial of any physical medicine treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical medial branch bilateral C2, C3, C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Medial branch block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one cervical medial branch block at bilateral C2 - C3 - C4 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an nonsteroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured workers working diagnoses are not listed in the progress note documentation. The date of injury is January 1, 2010. The request for authorization is August 20, 2015. According to an August 5, 2015 progress note, the injured worker's subjective complaints include cervical pain that radiates to the right base of the occiput into the trapezius and scapulae. Objectively, there is no objective evidence of radiculopathy on physical examination. Range of motion cervical spine is decreased secondary to pain. There is tenderness over the facet joints. There is no documentation indicating the injured worker receives conservative treatment (i.e. physical therapy). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating failed conservative treatment with physical therapy and documentation showing subjective evidence of radiculopathy, one cervical medial branch block at bilateral C2 - C3 - C4 is not medically necessary.