MAXIMUS Federal Services

Case Number:	CM15-0180249		
Date Assigned:	09/22/2015	Date of Injury:	08/07/1995
Decision Date:	12/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency 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 65 year old male, who sustained an industrial injury on 8-7-1995. Diagnoses include cervicalgia, cervical spondylosis without myelopathy, arthropathy of cervical spine facet joint and cervical facet joint pain. Treatments to date include activity modification, physical therapy, massage therapy, chiropractic therapy, home exercise and medication therapy. On 8-5-15, he reported medial branch blocks provided on 5-1-15, provided 100% relief of pain in the neck for four days with return of neck pain up to 7 out of 10 VAS in severity. The physical examination documented cervical facet tenderness and positive facet loading. There was decreased range of motion of the cervical spine. The plan of care included left C3, C4, C5, and C6 medial branch blocks under fluoroscopic guidance followed by radiofrequency ablation. On 8-25-15, he reported increased pain and spasms in the cervical spine. The physical examination was unchanged from previous documentation. The appeal requested authorization for one left medical branch block with fluoroscopic guidance to C4-5 and C5-6 levels and right C4-C5 with fluoroscopic guidance. The Utilization Review dated 9-4-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left C4-5, C5-6 (neck) medial branch blocks with fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic).

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 (injections).

Decision rationale: The requested 1 Left C4-5, C5-6 (neck) medial branch blocks with fluoroscopic guidance is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non- radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The treating physician has documented medial branch blocks provided on 5-1-15, provided 100% relief of pain in the neck for four days with return of neck pain up to 7 out of 10 VAS in severity. The physical examination documented cervical facet tenderness and positive facet loading. The treating physician has not documented the medical necessity for another set of medial branch blocks before proceeding with a neurotomy. The criteria noted above not having been met, 1 Left C4-5, C5-6 (neck) medial branch blocks with fluoroscopic guidance is not medically necessary.