

Case Number:	CM15-0181155		
Date Assigned:	09/22/2015	Date of Injury:	01/26/2014
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
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: 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 55 year old female, who sustained an industrial injury on 1-26-2014. The injured worker was diagnosed thoracic strain-sprain, cervicogenic, and paresthesias. The request for authorization is for: diagnostic medial branch block at left C2, C2-3, C3, C4. The UR dated 9-8-2015: non-certified the request for diagnostic medial branch block at left C2, C2-3, C3, C4. A magnetic resonance imaging on 4-6-15 is reported per the provider to have revealed disc protrusions at C2-3, C5-6 and C6-7, central spinal stenosis. On 5-5-2015, she reported neck pain which she indicated had decreased. Physical examination noted decreased muscle spasm and tenderness to the neck. She also reported shoulder and elbow pain and headaches. Tenderness is noted to the shoulders along with a limited range of motion. There is tenderness noted to the neck and trigger points are palpable and range of motion is decreased. On 5-14-15, she reported a 20 percent improvement in her pain of the neck, thoracic spine, left arm and right shoulder. She rated her pain 3-4 out of 10. On 7-7-15, she reported her neck pain to be slightly better. She rated her worst pain as 9 out of 10, least pain 4 out of 10, and usual pain is 8 out of 10. Physical findings noted a decreased range of motion of the neck, negative Spurlings, and tenderness of the neck. On 7-21-15, she underwent epidural steroid injections of the cervical spine. The treatment and diagnostic testing to date has included: QME (9-6-15), medications, magnetic resonance imaging of the cervical spine (3-12-2014 and April 2015), physical therapy, shoulder surgery (November 2011), chiropractic care, acupuncture, multiple cervical spine epidural steroid injection, electrodiagnostic studies (March 2015) were noted to be normal, ice, heat, relaxation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic medical branch block at left C2, C2-3, C3, C4: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter (online version).

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 Medical Branch Blocks, Diagnostic.

Decision rationale: Key case observations are as follows. The claimant was injured in 2014 with a thoracic strain-sprain, cervicalgia, and paresthesias. There is tenderness noted to the neck, trigger points are palpable and range of motion is decreased. Physical findings noted a decreased range of motion of the neck, a negative Spurling sign, and tenderness of the neck. 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 low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant are not clear. Also, the levels are excessive, even given the multiple level innervations of the medial branch nerves. The injection is proposed as a diagnostic test, and multiple levels will weaken the diagnostic value of the test. The request is appropriately not medically necessary.