

Case Number:	CM15-0182111		
Date Assigned:	09/23/2015	Date of Injury:	01/22/2014
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 43 year old female who sustained an industrial injury on January 22, 2014. Medical records indicate that the injured worker is undergoing treatment for cervical herniated nucleus pulposus with canal stenosis, cervical radiculopathy, and low back pain. The injured worker has not worked since 11-28-2014. On (8-13-2015) the injured worker complained of neck pain which radiated to the left shoulder and shoulder blade and left upper extremity to the wrist. Associated symptoms included numbness and tingling to the fingers. The pain was rated 7 out of 10. The injured worker also noted left-sided low back pain rated 6 out of 10 on the visual analogue scale. The injured worker also experiences pain and swelling in the hip and right knee. Cervical spine examination revealed tenderness to palpation over the left paraspinal muscles. A Spurling's test was positive on the left causing numbness in the left arm and hand. A facet loading test was positive on the left. Range of motion was decreased. Sensation was decreased in the cervical-six through cervical-eight dermatomes to light touch, with a tingling sensation in the left cervical-seven dermatome to light touch. Reflexes were noted to be hyporeflexive in the upper and lower extremities. Treatment and evaluation to date has included medications, electrodiagnostic studies, MRI of the left shoulder (2014), MRI of the bilateral knees (2014), MRI of the cervical spine, physical therapy, chiropractic treatments, trigger point injections, and steroid injections. The MRI of the cervical spine (12-17-2014) revealed mild canal stenosis with no cord compression and mild to moderate bilateral stenosis at cervical five-six. There was mild canal stenosis with no cord compression and mild to moderate right and mild left-sided foraminal stenosis at cervical four-five. There was mild canal stenosis with no cord

compression and mild bilateral foraminal stenosis at cervical three-four and cervical six-seven. Current medications include Tylenol # 3 and over-the-counter Tylenol. Medications and treatments tried and failed include physical therapy, Tylenol, Naproxen, Flexeril (caused migraines), Lidopro, Norco (palpitations), Fenoprofen (palpitations) Ultram ER, and Tylenol # 3 (palpitations and stomach pain). The request for authorization dated 7-7-2015 includes a request for medial branch blocks to the left cervical three-four, cervical four-five, and cervical five-six levels. The Utilization Review documentation dated 9-1-2015 modified the request to medial branch blocks to the left cervical four-five levels (original request left cervical three-four, cervical four-five and cervical five levels).

IMR ISSUES, DECISIONS AND RATIONALES

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

MBB left C3-C4, C4-C5, C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

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.

Decision rationale: The CA MTUS is relatively silent concerning cervical medial branch blocks; however, the cited ODG recommends facet joint diagnostic blocks prior to facet neurotomy. Per ODG, if successful diagnostic blocks are performed, treatment may proceed to facet neurotomy at the diagnosed levels. Research indicates that a minimum of one diagnostic medial branch block (MBB) be performed prior to a neurotomy. Although MBBs and intra-articular blocks appear to provide comparable diagnostic information, results found better predictive effect with diagnostic MBB. ODG criteria state that the one set of diagnostic MMBs is required with a response of greater than or equal to 70%, with the pain response lasting approximately 2 hours. According to recent treating provider notes, the injured worker may be a candidate for MBB having non-radicular cervical pain that has failed conservative treatment, to include physical medicine and medications. Per the Utilization Review notes, the request was modified to include the appropriate number of MBB levels based on the cited guidelines. Therefore, the request for medial branch blocks to the left cervical three-four, cervical four-five, and cervical five-six levels is not medically necessary and appropriate.