

Case Number:	CM15-0185813		
Date Assigned:	09/28/2015	Date of Injury:	10/18/2012
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49 year old male, who sustained an industrial injury on October 18, 2012, incurring head and neck injuries. He was diagnosed with a closed head injury with concussion, cervical sprain with left upper extremity radiculopathy, post-traumatic hearing impairment and post-traumatic headaches with cervical occipital headaches. Treatment included anti-inflammatory drugs, muscle relaxants, proton pump inhibitor, antianxiety medications, antiemetic medications, neurology consultation, trigger point injections and activity restrictions. Currently, the injured worker complained of continued headaches and neck pain with pushing, pulling, overhead and reaching activities. He complained of left upper extremity radiculopathy and weakness causing him to have a loss of sleep and sleep apnea. He was noted to lift only light objects and sit, stand and walk for short periods of time. He was easily fatigued from the constant pain. Trigger point injection given to the injured worker previously gave over 70% relief with his left sided pain. The treatment plan that was requested for authorization on September 21, 2015, included bilateral cervical medial branch block. On August 24, 2015, a request for bilateral cervical medial branch block was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3, C4 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for Bilateral C3, C4 Medial Branch Block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, it is unclear exactly what conservative treatment is been attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of cervical medial branch blocks in patients with active radiculopathy. In the absence of clarity regarding these issues, the currently requested Bilateral C3, C4 Medial Branch Block is not medically necessary.