

Case Number:	CM15-0186024		
Date Assigned:	09/28/2015	Date of Injury:	10/28/2013
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
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: Texas, New York, 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 applicant is a represented 47-year-old who has filed a claim for chronic neck, elbow, and arm pain reportedly associated with an industrial injury of October 28, 2013. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for multi-level medial branch block apparently ordered on August 18, 2015. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of chronic neck and shoulder pain. The applicant reported numbness and tingling about the arms at night. 5/10 pain complaints were noted. The applicant was on Norco, Cymbalta, Flonase, Zocor, Nexium, and Zanaflex, it was stated in one section of the note. The applicant had comorbidities including migraine headaches and sleep apnea, it was acknowledged. The applicant was severely obese, with BMI of 37. The applicant had received physical therapy and trigger point injections at various points over the course of the claim. The applicant was reportedly working, it was stated in the Vocational Status section of the note. Multilevel medial branch blocks at the C4, C5, and C6 levels were sought on the grounds that the applicant reported neck pain while turning her neck. Permanent work restrictions were renewed. The applicant was described as having dysesthesias about the right hand and index and ring finger distributions, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4 medial branch block injection: 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): Summary.

Decision rationale: No, the request for a right C4 medial branch block injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch block in question are deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM position on the same. The applicant's presentation, furthermore, was not clearly suggestive or evocative of diskogenic or facetogenic neck pain for which medial branch blocks could be considered. On September 16, 2015, it was stated that the applicant had issues with numbness, tingling, and paresthesias about the bilateral arms, with dysesthesias appreciated about the right hand on exam. The applicant was also described as having myofascial pain complaints for which the applicant had received trigger point injections in the past. It did not appear, in short, that the applicant had bona fide facetogenic or diskogenic neck pain for which medial branch blocks could be considered. The request, thus, was not indicated both owing to: (a) the unfavorable ACOEM position on the article at issue and (b) the multiplicity of pain generators here. Therefore, the request was not medically necessary.

Right C5 and C6 medial branch block injections: 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): Summary.

Decision rationale: Similarly, the request for a right C5-C6 medial branch block injection was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch block injection at issue are deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM position on the same. The applicant's presentation was not, moreover, suggestive or evocative of diskogenic or facetogenic neck pain for which the medial branch block in question could be considered. Rather, the fact that the applicant had ongoing complaints of numbness and tingling about the arms, dysesthesias about the right hand on exam, and had a history of having received earlier trigger point injections for presumed myofascial pain, taken together, strongly argued against the presence of the claimant's having bona fide diskogenic or facetogenic neck pain for which medial branch blocks could be considered. Therefore, the request was not medically necessary.