

Case Number:	CM15-0186927		
Date Assigned:	09/28/2015	Date of Injury:	08/22/2004
Decision Date:	12/07/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old female, who sustained an industrial injury on 8-22-04. The injured worker is being treated for thoracic or lumbosacral neuritis or radiculitis, cervical spondylosis without myelopathy, anterior horn cell disease and cervical disc degeneration. (MRI) magnetic resonance imaging of lumbar spine performed on 10-7-14 revealed degenerative disc disease at multiple levels. (EMG) Electromyogram studies performed 7-2015 revealed mild bilateral L5-S1 radiculopathy. Treatment to date has included facet nerve blocks (which provided 80 % pain relief for about 8 months), bilateral transforaminal epidural steroid injection (provided temporary relief), oral medications including Norco 10-325mg, Skelaxin 800mg, Abilify and Cymbalta, sacroiliac injections, greater trochanter bursa injection, chiropractic treatment (with good relief within the last month) and activity modifications. On 11/7/2014, the IW was noted to have discontinued Chiropractic treatment and Norco due to social issues related to mobility and living situation. She was utilizing only OTC Advil. On 7-31-15 and 9-4-15, the injured worker complains of mid back pain, low back pain, bilateral buttock pain and left hip pain. On 9- 4-15, physical exam revealed tenderness at facet joints bilaterally C4-5, C5-6 and C6-7 with restricted range of motion. On 9-4-15, the treatment plan included facet nerve block bilaterally at C3, 4, 5 and 6. On 9-16-15 a request for facet nerve block bilaterally at C3, 4, 5 and 6 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:

1 Left C3 medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs, co-analgesics, exercise, PT and behavioral modification have failed. The records did not indicate subjective, objective or radiological findings consistent with the diagnosis of severe cervical spine facet pain. The records indicate that the patient was consistently complaining of pain related to the low back and hip areas not the cervical spine. The records did not show that the patient have failed optimum conservative treatment measures. The guidelines noted that patient with significant psychosomatic disorders report decreased efficacy and functional restoration with interventional pain procedures. The criteria for 1 Left C3 medial branch block was not met. Therefore, the request is not medically necessary.

1 Left C4 medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, Facet Injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs, co-analgesics, exercise, PT and behavioral modification have failed. The records did not indicate subjective, objective or radiological findings consistent with the diagnosis of severe cervical spine facet pain. The records indicate that the patient was consistently complaining of pain related to the low back and hip areas not the cervical spine. The records did not show that the patient have failed optimum conservative treatments. The guidelines noted that patient with significant psychosomatic disorders report decreased efficacy and functional restoration with interventional pain procedures. The criteria for 1 Left C4 medial branch block was not met. Therefore, the request is not medically necessary.

1 Left C5, C6 medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs, co-analgesics, exercise, PT and behavioral modification have failed. The records did not indicate subjective, objective or radiological findings consistent with the diagnosis of severe cervical spine facet pain. The records indicate that the patient was consistently complaining of pain related to the low back and hip areas not the cervical spine. The records did not show that the patient have failed optimum conservative treatments. The guidelines noted that patient with significant psychosomatic disorders report decreased efficacy and functional restoration with interventional pain procedures. The criteria for 1 Left C5, C6 medial branch block was not met. Therefore, the request is not medically necessary.

1 right C3 medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs, co-analgesics, exercise, PT and behavioral modification have failed. The records did not indicate subjective, objective or radiological findings consistent with the diagnosis of severe cervical spine facet pain. The records indicate that the patient was consistently complaining of pain related to the low back and hip areas but not the cervical spine. The records did not show that the patient have failed optimum conservative treatments. The guidelines noted that patient with significant psychosomatic disorders report decreased efficacy and functional restoration with interventional pain procedures. The criteria for 1 Right C3 medial branch block was not met. Therefore, the request is not medically necessary.

1 right C4 medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs, co-analgesics, exercise, PT and behavioral modification have failed. The records did not indicate subjective, objective or radiological findings consistent with the diagnosis of severe cervical spine facet pain. The records indicate that the patient was consistently complaining of pain related to the low back and hip areas but not the cervical spine. The records did not show that the patient have failed optimum conservative treatments. The guidelines noted that patient with significant psychosomatic disorders report decreased efficacy and functional restoration with interventional pain procedures. The criteria for 1 Right C4 medial branch block was not met. Therefore, the request is not medically necessary.

1 right C5, C6 medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs, co-analgesics, exercise, PT and behavioral modification have failed. The records did not indicate subjective, objective or radiological findings consistent with the diagnosis of severe cervical spine facet pain. The records indicate that the patient was consistently complaining of pain related to the low back and hip areas but not the cervical spine. The records did not show that the patient have failed optimum conservative treatments. The guidelines noted that patient with significant psychosomatic disorders report decreased efficacy and functional restoration with interventional pain procedures. The criteria for 1 Right C5, C6 medial branch block was not met. Therefore, the request is not medically necessary.