

Case Number:	CM15-0193362		
Date Assigned:	10/07/2015	Date of Injury:	07/31/2014
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female, who sustained an industrial injury on 7-31-2014. A review of the medical records indicates that the injured worker is undergoing treatment for muscle spasm and myofascial pain as well as strain in the cervicothoracic musculature as well as the right trapezius. On 8-20-2015, the injured worker reported back pain and pain in the neck and below the arm on the right side associated with numbness, improved with rest, heat, and ice. The Primary Treating Physician's report dated 8-20-2015, noted the injured worker's visual analog scale (VAS) pain score was 2 out of 10, having recently received a TENS unit, noted to be helping. The physical examination was noted to show reduced range of motion (ROM) in the cervical and thoracic spine, with positive tenderness to palpation in the cervicothoracic musculature on the right side as well as the thoracic paraspinal muscles in the superior aspect to the thoracic spine and the rhomboid musculature. Palpable taut bands of ropy muscles were noted that when palpated elicited concordant baseline pain consistent with trigger points. The injured worker was noted to be grossly intact neurologically in the upper extremities. The treating physician indicates that a MRI of the cervical spine performed on 11-8-2014 reported multilevel degenerative changes as well as facet arthropathy and uncovertebral osteophytes at multiple levels. Prior treatments have included non-steroid anti-inflammatory drugs (NSAIDs) with dyspepsia, 12 sessions of physical therapy, chiropractic treatments, and 8 sessions of acupuncture. The treatment plan was noted to include pending trigger point injection under ultrasound guidance of the right rhomboid musculature. The request for authorization was noted

to have requested C4 and C5 Medial Branch Blocks. The Utilization Review (UR) dated 9-11-2015, non-certified the request for C4 and C5 Medial Branch Blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 and C5 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)-Facet joint diagnostic blocks and Facet joint pain, signs & symptoms.

Decision rationale: C4 and C5 Medial Branch Block is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The documentation indicates that this patient has neck symptoms and "below the arm" symptoms on the right side with an associated sense of numbness. The description of these symptoms suggests radicular symptoms therefore this request is not medically necessary.