

Case Number:	CM15-0198162		
Date Assigned:	10/13/2015	Date of Injury:	03/09/2011
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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
 Certification(s)/Specialty: Emergency 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 54 year old male, who sustained an industrial injury on 3-9-11. Medical records indicate that the injured worker is undergoing treatment for cervicgia, cervical post-traumatic headaches with spasm, left upper extremity-shoulder radiculopathy and chronic pain with associated mood disorder. The injured worker was noted to be disability retired. On (9-8-15) the injured worker complained of left upper back and neck pain with cervicooccipital headaches. The injured workers pain level ranged between 5 and 9 on the visual analogue scale. The injured worker was noted to have had medial branch blocks in the distant past with a partial response. Physical examination revealed tenderness to the left upper back, neck, cervicooccipital area, cervical paravertebral muscles and upper medial scapular border increasing with neck rotation. Cervical spine range of motion revealed left neck rotation to be 30 degrees and 45 degrees on the right. Pain was noted with extension. Treatment and evaluation to date has included medications, cognitive behavior therapy, urine drug screen, bilateral cervical three and cervical four medial branch blocks, trigger point injections and a cervical fusion. Current medications include Omeprazole, Aspirin 81 mg, Lipitor, Pristiq, Trazadone and Cialis. The current treatment requests include a bilateral cervical three medial branch block and a bilateral cervical four medial branch block. The Utilization Review documentation dated 9-23-15 non-certified the requests for a bilateral cervical three medial branch block and a bilateral cervical four medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for the use of diagnostic blocks for facet "mediated" pain.

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 (injections).

Decision rationale: The requested Bilateral C3 medial branch block, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The injured worker has left upper back and neck pain with cervicooccipital headaches. The injured workers pain level ranged between 5 and 9 on the visual analogue scale. The injured worker was noted to have had medial branch blocks in the distant past with a partial response. Physical examination revealed tenderness to the left upper back, neck, cervicooccipital area, cervical paravertebral muscles and upper medial scapular border increasing with neck rotation. Cervical spine range of motion revealed left neck rotation to be 30 degrees and 45 degrees on the right. Pain was noted with extension. Treatment and evaluation to date has included medications, cognitive behavior therapy, urine drug screen, bilateral cervical three and cervical four medial branch blocks, trigger point injections and a cervical fusion. The treating physician has not documented the medical necessity for an additional set of medial branch blocks versus proceeding to a repeat RFA, as there has been a positive medial branch block and RFA in the past. The criteria noted above not having been met, Bilateral C3 medial branch block is not medically necessary.

Bilateral C4 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for the use of diagnostic blocks for facet "mediated" pain.

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 (injections).

Decision rationale: The requested Bilateral C4 medial branch block, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The injured worker has left upper back and neck pain with cervicooccipital headaches. The injured workers pain level ranged between 5 and 9 on the visual analogue scale. The injured worker was noted to have had medial branch blocks in the distant past with a partial response. Physical examination revealed tenderness to the left upper back, neck, cervicooccipital area, cervical paravertebral muscles and upper medial scapular border

increasing with neck rotation. Cervical spine range of motion revealed left neck rotation to be 30 degrees and 45 degrees on the right. Pain was noted with extension. Treatment and evaluation to date has included medications, cognitive behavior therapy, urine drug screen, bilateral cervical three and cervical four medial branch blocks, trigger point injections and a cervical fusion. The treating physician has not documented the medical necessity for an additional set of medial branch blocks versus proceeding to a repeat RFA, as there has been a positive medial branch block and RFA in the past. The criteria noted above not having been met, Bilateral C4 medial branch block is not medically necessary.