

Case Number:	CM15-0200274		
Date Assigned:	10/15/2015	Date of Injury:	07/03/2012
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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:

This injured worker is a 53 year old female who reported an industrial injury on 7-3-2012. Her diagnoses, and or impressions, were noted to include: cervical 5-6-7 facet arthrosis, status-post cervical 6-7 anterior discectomy and fusion (2-24-15). No imaging studies were noted. Her treatments were noted to include: an agreed medial re-evaluation on 9-17-2015; physical therapy (#6 on 9-30-15); acupuncture treatments (Aug. & Sept., 2015); medication management; and rest from work. The orthopedic progress notes of 8-19-2015 reported a follow-up evaluation with complaints which included: continued excruciating pain in her neck into both arms, right > left, along the lateral aspect of the arm into the forearm; and a deep, heavy ache inside the arm-forearm. The objective findings were noted to include: exquisite tenderness at the bilateral cervical 5-6 level; some tenderness at the cervical 4-5 level; and pain on extension and lateral bending. The physician's requests for treatment were noted to include bilateral facet medial branch block cervical 5-6-intra-articular steroid injection, for pain that emanates from cervical 5-6 and causing referred pain into the arm, rather than true radiculopathy. The Agreed Medical re-examination of 9-17-2015 noted that along with post-operative physical therapy, that she might require some further pain management, as it related to facet blocks. The Request for Authorization, dated 9-11-2015, was noted for bilateral facet medial branch block cervical 5-6, for cervical spondylosis with myelopathy. The Utilization Review of 9-23-2015 non-certified the requests for bilateral cervical 5-6 facet medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet medial branch block at C5-C6: 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 - Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: facet joint diagnostic blocks.;facet joint radiofrequency neurotomy.

Decision rationale: ODG recommends against the use of facet joint diagnostic blocks and states that radiofrequency neurotomies have conflicting evidence for efficacy. Therefore, it recommends against performing radiofrequency neurotomies. This patient has already undergone a fusion at C6/7 due to pain but continues with persistent pain. The level above the fusion is requested for the diagnostic blocks which would lead to radiofrequency neurotomies. Radiofrequency neurotomies are of uncertain benefit and ODG recommends against them. Therefore there is no specific need for diagnostic medial branch blocks in order to perform radiofrequency ablation. This request for medial branch blocks is not medically necessary based upon the lack of support from ODG and the lack of an overall treatment plan to improve function and engagement in life for this individual who has already undergone a cervical fusion due to pain, therefore is not medically necessary.