

Case Number:	CM15-0204013		
Date Assigned:	10/20/2015	Date of Injury:	11/11/1992
Decision Date:	12/02/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 60-year-old male with a date of injury on 11-11-1992. The injured worker is undergoing treatment for chronic neck pain status post laminectomy in 2005, cervical degenerative disc disease, cervical spondylosis without myelopathy, and myofascial pain. A physician progress note dated 10-05-2015 documents the injured worker presented for a consultation after seeing a spine surgeon for potential cervical fusion. He complains of chronic neck pain and radiculopathy into his arms. The injured worker reports that the majority of his pain is in the upper thoracic and trapezius region and the lower neck. He denies significant pain in the mid to upper cervical. He has some mild intermittent numbness in the left medial hand and arm, but denies pain. He rates his pain as 6-7 out of 10, average pain is 6-7 out of 10, and with an exacerbation, his pain is 8 out of 10. It is in his bilateral lower neck and upper thoracic's. The pain radiates down the mid back. He has tried Naproxen and it helped but caused renal injury, and Celebrex caused red joints. There is tenderness to palpation of the cervical muscles and to the thoracic paraspinal muscles. Range of motion is full and relatively pain free. Facet loading is positive on the right and left. Left upper extremity sensation is diminished in the C8 dermatome. A Magnetic Resonance Imaging of the cervical spine done on 05-04-2015 reveals multilevel bilateral moderate to severe foraminal stenosis. After a lengthy discussion, the injured worker would like to try a trial of medial branch blocks to his cervical spine. His left side is worse than his right. If the diagnostic blocks show, excellent response to pain reduction we will advise RFA for prolonged pain relief. He is retired. Treatment to date has included diagnostic studies, medications, and 3 cervical surgeries. Current medications include Tylenol, Zylprim,

amlodipine Besylate, Lipitor, Colace, Cozaar, MVI, and Nebivolol, and Potassium. On 10-15-2-15 Utilization Review non-certified the request for Left cervical 4, 5, 6 medial branch block under fluoroscopy in clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical 4,5,6 medial branch block under fluoroscopy in clinic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back - Criteria for use of diagnostic blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation to be consistent with facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case, the exam note from 10/5/15 demonstrates radicular complaints. Therefore, the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections), medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is not medically necessary.