

Case Number:	CM15-0020244		
Date Assigned:	02/09/2015	Date of Injury:	10/01/2007
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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 62 year old female who sustained a work related injury on October 1, 2007, sustaining neck injuries. Diagnoses made were cervicgia, anxiety disorder, degenerative disc disease of the cervical spine, spondylolisthesis and cervical radiculopathy. Treatments included physical therapy, cervical fusion, muscle relaxants and pain medications. The medications listed are Norco, Flexeril and Naprosyn. Currently, the injured worker complained of persistent pain in her neck with numbness and tingling sensations in the upper extremities. The objective findings are decreased range of motion and mild tenderness to the paraspinal muscles of the cervical spine. The 2014 Computed Tomography (CT) of the cervical spine revealed evidence of intact hardware at C6-C7 fusion site, no acute fracture, degenerative disc disease and facet osteoarthropathy. On January 27, 2015 a request for a service of Medial Branch Block Bilateral Cervical disc 4 to 5 was non-certified by Utilization Review, noting Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block Bilateral C4-5: Upheld

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

Decision rationale: The CA MTUS did not address the utilization of Facet injections for the treatment of chronic neck pain. The ODG guidelines recommend that cervical facet procedures can be utilized for the treatment of non radicular cervical spine of facet origin when conservative treatments with medications and PT have failed. The records indicate the the cervical pain is associated with numbness and tingling sensation of the upper extremities which is indicative of radiculopathy. The limited objective findings is not indicative of cervical facet syndrome. The presence of significant psychosomatic symptoms is associated with decreased efficacy of interventional pain procedures. The criteria for bilateral C4-C5 cervical facet median branch blocks was not met.