

Case Number:	CM15-0021887		
Date Assigned:	02/11/2015	Date of Injury:	03/04/1998
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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: New York, West Virginia, Pennsylvania
 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 52 year old male, who sustained an industrial injury on March 4, 1998. He reported that he was injured while breaking up a fight from two other individuals. The diagnoses have included cervicalgia with bilateral right greater than left radiculopathy, cervical facet arthropathy, multilevel intersegmental derangement with disc desiccation and loss of height. Treatment to date has included physical therapy, home exercise program, medication. Currently, the injured worker complains of neck pain which radiations into both shoulders and hands. The pain in the neck is 90% and 10% down into the arms. He describes the pain as intermittent and constant, aching, stabbing, throbbing, dull and sharp. It is associated with tingling, burning, numbness, pins/needles, pulling and stiffness. He rates the pain a 7 on a 10 point scale without medications and an 8 on a 10 point scale with medications. He reports that he gets some relief with exercise and with acupuncture. The evaluating physician noted a differential diagnosis would include facet derived pain versus radicular pain and recommended attempting diagnostic facet blocks. On January 26, 2015 Utilization Review non-certified a request for bilateral C5-C7 medial branch blocks with C-arm fluoroscopic guidance and interpretation of cervical spine x-rays (outpatient), noting that the request for facet injections at the proposed levels is based on radiographic findings not on clinical grounds and noting that there is no support in the literature of the routine use of imaging studies to diagnoses facet disease and a response to diagnostic blocks or neurotomy. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On February 4, 2015, the

injured worker submitted an application for IMR for review of bilateral C5-C7 medial branch blocks with C-arm fluoroscopic guidance and interpretation of cervical spine x-rays (outpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5, C6 and C7 medial branch blocks w/ C-arm fluoroscopic guidance: 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 and Upper Back, Diagnostic Blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back.

Decision rationale: Guidelines recommend diagnostic blocks for facet nerve pain for patients with cervical pain that is not radicular and at no more than two levels bilaterally. In this case, the patient has evidence of C7 radiculopathy with weakness on the right side of his triceps, wrist flexors and extensors. Furthermore, the request is for 3 levels for injection which is not supported by guidelines. Lastly, there is no documentation of failure of conservative treatment prior to procedure at least 4-6 weeks. The request for bilateral c5-c7 medial branch blocks is not medically necessary and appropriate.

Interpretation of cervical spine x-rays (outpatient): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Guidelines recommend cervical spine imaging when there is emergence of a red flag or there are unequivocal findings consistent with nerve compromise on the neurologic examination. When the neurologic examination is less clear, physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there is no documentation of any red flags, clinical findings of neurologic dysfunction or change in symptoms. The request for outpatient cervical spine x-rays is not medically necessary and appropriate.