

Case Number:	CM15-0029736		
Date Assigned:	02/23/2015	Date of Injury:	04/11/2013
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 70 year old female, who sustained an industrial injury on 4/11/2013. She reports being hit by a forklift. Diagnoses include cervicgia, jaw disorder, knee pain and lumbago. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 12/10/2014 indicates the injured worker reported neck pain. On 1/15/2015, Utilization Review non-certified the request for cervical medial branch block, citing MTUS/ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Cervical Medical Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back Complaints, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Facet joint injections.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one left cervical medial branch blocks is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of the world to say failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks, etc. In this case, the injured worker's working diagnoses are cervical pain/cervicalgia; and knee pain/joint pain leg. The medical record contains 32 pages. There are several progress notes in the medical record. However, there is no documentation of facet joint tenderness in or about the cervical spine. There is facet joint tenderness on physical examination in the lumbar spine. There is no documentation of the neurologic evaluation with no documentation of radiculopathy or non-radiculopathy. There is no evidence of failed conservative treatment such as physical therapy and medical record. The ACOEM guidelines do not recommend facet injections. The ODG criteria for medial branch blocks are limited to patients with cervical pain that is non-radicular with documentation of failed conservative treatment. There is no documentation of objective non-radicular pain and no documentation of physical therapy or other conservative treatment. Additionally, the treating physician did not request a specific cervical level for the medial branch block. Consequently, absent clinical documentation of failed conservative treatment with non-recommendations from the ACOEM and the level for injection, one left cervical medial branch blocks is not medically necessary.