

Case Number:	CM15-0212230		
Date Assigned:	11/02/2015	Date of Injury:	06/26/2014
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury on 06-26-2014. According to a report dated 09-22-2015, the injured worker reported constant, mostly tight, burning, numbing pain in the neck. Pain radiated to the left side of the head. Right shoulder pain was constant and dull and radiated to the hand. She reported constant, dull, numbness in the right wrist. Low back pain was constant, dull and throbbing and radiated to the right buttocks down to the foot. Physical examination demonstrated tenderness in the cervical musculature upon palpation. Facet compression distraction test was positive for report of concordant pain. Spurling's test was positive for pain spreading into the distribution of the C4, C5 and C6 nerve roots. There was decreased sensation to light touch in the distribution of the C4, C5 and C6 nerve roots. Range of motion of the cervical spine was limited with complaints of pain. Inspection of the bilateral shoulder demonstrated well healed surgical portal scars and tenderness to palpation over the lateral aspect of the bilateral shoulder. Range of motion of the bilateral wrists revealed end range pain on extension bilaterally. Phalen's test was positive bilaterally. X-rays of the cervical spine revealed mild reversal of the lordotic curvature. Diagnoses included cervical radiculitis, cervical myofascial pain, lumbar radiculitis, bilateral sacroiliitis, lumbar myofascial pain, bilateral shoulder impingement with report of rotator cuff injuries status post arthroscopy surgeries and bilateral wrist sprain strain. The treatment plan included electrodiagnostic studies of the upper extremities, cervical facet medial branch blocks targeting the right C4, C5 and C6 medial branch sensory nerves to the C5-6 and C6-7 facets and evaluation and treatment with an orthopedist specialist. Follow up was indicated in one month. On 10-12-2015, Utilization Review non-certified the request for right C4, C5 and C6 facet medial branch and authorized the request for electrodiagnostic studies of the upper extremities and a follow up evaluation with an orthopedist specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4, C5 and C6 facet medial branch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck chapter, Facet joint diagnostic blocks.

Decision rationale: The records indicate the patient has persistent neck and right upper extremity complaints including pain and numbness. The patient also has complaints of low back pain and pain traveling into the right lower extremity. The current request for consideration is right C4, C5 and C6 facet medial branch block. The 11/5/15 attending physician report states that "I am requesting authorization for the facet medial branch blocks targeting C4-6 on the left under fluoroscopic guidance for diagnostic and therapeutic value." The MTUS is quiet regarding medial branch blocks and facet injections. The ODG guidelines were consulted and do recommend facet blocks in certain situations. However, the ODG specifically states that facet blocks are limited to patients with primary cervical pain that is non-radicular and at no time more than two levels bilaterally. In this case, the attending physician offers orthopedic findings including positive Spurling's test in a C4, C5, and C6 distribution and decreased sensation in the C4, C5, and C6 distribution. There is also a diagnosis of cervical arthropathy and cervical radiculopathy in addition to clinical symptoms of numbness and tingling. There were no electrodiagnostic studies provided that indicate if true radiculopathy is present or if the patient is more likely having facet referred pain. The current request is not consistent with ODG guidelines which specifically exclude facet blocks for patients who are considered to have radiculopathy. Therefore, the current request is not medically necessary at this time.