

Case Number:	CM15-0216910		
Date Assigned:	11/06/2015	Date of Injury:	08/15/2014
Decision Date:	12/21/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 51 year old female who sustained a work-related injury on 8-15-14. Medical record documentation on 10-6-15 revealed the injured worker was being treated for closed head injury with dizziness, cervicogenic headache, cervical sprain-strain, and myofascial pain syndrome. She reported neck pain and headache and noted that her pain had worsened. She rated her pain a 9 on a 10-point scale (8.5 to 9 on 9-22-15) and described it as constant, sharp pins and needles pain. The top of her head was very sensitive. Her medication regimen included Topamax 200 mg, Nortriptyline 25 mg, and Indocin as needed for pain. She has not returned to work, as her employer could not meet the work restrictions. Objective findings included tenderness to palpation over the top of the head and mastoid process. She had muscle spasms and tightness in the trapezius musculature bilaterally. The treatment plan included bilateral cervical medial branch block at C4, C4 and C5. Previous treatment recommended included physical therapy, home exercise program and TENS unit. A request for bilateral cervical medial branch block at C3, C4, and C5 was received on 10-9-15. On 10-19-15 the Utilization Review physician determined bilateral cervical medial branch block at C3, C4, and C5 Quantity 6 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical medial branch block C3, C4, C5 qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in August 2014 when she hit the back of her head on a steel beam. In September 2015, she was unhappy with her physical therapist and had discontinued treatment. There had been improvement in neck pain after a trigger point injection but she had worse headaches. There were significant muscle spasms and tenderness and trigger points bilateral over the cervical paraspinal and trapezius muscles. There was decreased cervical range of motion in all directions. In October 2015 she had worsening pain which was rated at 9/10. She had sharp pain with pins and needles. The top of her head was sensitive and interfering with sleep. Physical findings were an elevated blood pressure. There was tenderness over the top of the head and mastoid processes. There were bilateral trapezius muscle spasms with tenderness. She was hesitant about a trigger point injection. Cervical medial branch blocks were requested. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, a trigger point injection appears to have been the initial recommendation. There are no findings such as facet tenderness or pain with facet testing or loading maneuvers that would support the presence of facet mediated pain. The requested medial branch block procedure is not considered medically necessary.