

Case Number:	CM15-0216978		
Date Assigned:	11/06/2015	Date of Injury:	06/03/2003
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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: 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 63 year old male with a date of injury of June 3, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy and cervicgia. Medical records dated August 12, 2015 indicate that the injured worker complained of pain rated at a level of 5 out of 10 and 8 out of 10 without medications. A progress note dated October 7, 2015 documented that the injured worker reported noticing right neck pain more since improvement after left medial branch block. The physical exam dated August 12, 2015 reveals restricted range of motion of the cervical spine, spasm and tenderness of the cervical paravertebral muscles bilaterally, pain in the neck muscles with Spurling's, positive Tinel's over the bilateral occipital nerves, and decreased sensation over the C6 and C7 dermatomes on the left. The progress note dated October 7, 2015 documented a physical examination that showed no changes since the examination performed on August 12, 2015. Treatment has included left medial branch block (September 22, 2015) with 100% relief, cervical spine fusion (2004), and medications (Vicodin, Ultram, Relafen, Gabapentin, and Nabumetone). The treating physician documented that magnetic resonance imaging of the cervical spine (April 27, 2015) showed severe right neural foraminal stenosis at C4-5 related to degenerative changes in the uncovertebral joint. The utilization review (October 13, 2015) non-certified a request for right medial branch block at C4 and C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, right (cervical) C4 and C5: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Facet Joint Diagnostic Block, Facet joint therapeutic steroid injections.

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 has a remote history of a work injury occurring in June 2003 while working as a construction lift operator. He underwent surgery for a facial fracture with hardware removal in April 2005. He underwent a two level cervical fusion at C5-6 and C6-7 in January 2006. When seen, he had undergone left-sided medial branch blocks above the level of his fusion with nearly 100% pain relief. He had been able to decrease his use of Vicodin. After the improvement in his left-sided neck pain he had noticed his right-sided neck pain more. Physical examination findings included decreased and painful cervical spine range of motion. There were paravertebral muscle spasms and tenderness bilaterally. He had bilateral greater occipital nerve tenderness with positive Tinel's. Spurling's testing caused neck pain without radicular symptoms. There was decreased left upper extremity sensation and a decreased left biceps reflex. Diagnoses included cervicgia, headache, and cervical radiculopathy. Authorization was requested for right-sided medial branch blocks at C4 and C5. Criteria for diagnostic cervical facet blocks include patients with cervical pain that is non-radicular after failure of conservative treatment. In this case, the claimant has findings of left sided cervical radiculopathy. However, he has right sided neck pain without reported radicular symptoms on either side and there are no physical examination findings of right cervical radiculopathy. He benefited from the injections done on the left and now the same level is being requested on the right side which is above his cervical fusion. Imaging supports the procedure being requested. The requested blocks are considered medically necessary.