

Case Number:	CM15-0042501		
Date Assigned:	03/12/2015	Date of Injury:	09/27/2013
Decision Date:	10/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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 51 year old female, who sustained an industrial injury on September 27, 2013. The injured worker was diagnosed as having cervicgia. On December 8, 2014 the injured worker reported a 70% decrease in neck pain and muscles spasms following bilateral trigger point injections to the neck. She had generalized tenderness to palpation over the cervical spinous processes and interspaces C3 to C7. She had tenderness to palpation over the cervical facets C3 to C7 bilaterally. On January 5, 2015 the injured worker noted a 70% decrease in neck pain and muscles spasms following her bilateral trigger point injections. She had tenderness to palpation over the cervical spinal processes and interspaces C3 to C7 and the cervical facets C3 to C7 bilaterally. An MRI of the cervical spine e on May 13, 2014 revealed trace disc bulges at C4-5, C5-6, and C6-7. Treatment to date has included trigger point injections. A request for bilateral medical branch nerve blocks with Depo Medrol for C3, C4, and C5 was received on February 6, 2015. The Utilization Review physician determined on February 13, 2015 that bilateral medical branch nerve blocks with Depo Medrol for C3, C4, and C5 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Nerve Blocks with Depo Medrol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Medial branch block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral medial branch nerve block with Depo-Medrol 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 failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured workers working diagnoses are cervicalgia; other unspecified back disorder; and lumbago. Date of injury is September 27, 2013. Request for authorization is February 6, 2015. According to a January 5, 2015 progress note, the injured worker's subjective complaints include neck pain and mid and low back pain. The neck pain radiates to the upper extremities bilaterally. Objectively, there is tenderness palpation of the shoulders, elbows, wrists and knees. There is decreased range of motion. Motor strength relative to handgrip was tested. There were no other motor findings present. Sensation in the upper extremities was normal in the right and left arm. Magnetic resonance imaging of the cervical spine was unremarkable. The documentation shows the injured worker has subjective evidence of radiculopathy involving the upper extremities bilaterally. Medial branch blocks are indicated for cervical pain that is non-radicular. There is no documentation of recent physical therapy or an ongoing home exercise program. There is incomplete neurologic evaluation on physical examination. There is no detailed motor examination of the upper extremities. Sensory examination is otherwise unremarkable. The treatment request specifies the medial branch blocks for C3-C4 and C5. 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. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, subjective documentation of upper extremity radiculopathy, guideline non-recommendations for facet injections and a normal magnetic resonance imaging scan of the cervical spine, bilateral medial branch nerve block with Depo-Medrol is not medically necessary.