

Case Number:	CM15-0043701		
Date Assigned:	03/13/2015	Date of Injury:	01/13/2001
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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

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 74-year-old male, who sustained an industrial injury on 1/13/2001. The injured worker was diagnosed as having Complex Regional Pain Syndrome right upper extremity; myofascial pain; occipital neuralgia; neck pain; right shoulder pain. Treatment to date has included cervical spine MRI-right-sided foraminal and canal stenosis at C4-C5 (2004); multiple surgeries; dorsal column stimulator; medication; trigger point injections with 80% relief (9/2014). Currently, the injured worker complains of right side neck pain with some radiation to the right shoulder and has difficulty turning his head and has occipital headaches. The MTUS guidelines will only support two levels for the medial branch blocks (MMB) and C3-C4 and C4-C5 were determined as medically necessary. The provider's plan is if the MMB outcome is positive, the provider will proceed with radiofrequency neurotomy at these same levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Medial Branch Blocks C3-4, C4-5, C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The 74-year-old patient suffers from right-sided neck pain, rated at 8/10, that radiates to right shoulder and is accompanied by occipital headaches, as per progress report dated 01/20/15. The request is for right cervical medial branch blocks C3-4, C4-5, C5-6. There is no RFA for this case, and the patient's date of injury is 01/13/01. Diagnoses included neuropathic pain of the right upper extremity and right cervical facet pain involving C3-4, C4-5 and C5-6, as per progress report dated 01/20/15. The patient is disabled, as per progress report dated 08/21/14. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy -a procedure that is considered 'under study.' Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs- prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." In this case, progress reports do not document prior facet joint injections or medial branch blocks. The treating physician is requesting for MBB in progress report dated 01/20/15 "to confirm the diagnoses of cervical facet pain." There is no diagnoses of radiculopathy. However, guidelines state that "no more than 2 levels may be blocked at any one time." The physician request for blocks at 3 levels of C3-4, C4-5, and C5-6 is not consistent with this recommendation. Hence, the request IS NOT medically necessary.