

Case Number:	CM15-0048581		
Date Assigned:	03/20/2015	Date of Injury:	12/08/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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 a 44 year old female who sustained an industrial injury on December 8, 2011. She has reported right shoulder injury and has been diagnosed with bilateral shoulder strains with myofasciitis, status post right shoulder surgery, cervical spine strain with myofasciitis, and repetitive strain injury, upper extremities, with manifestations of tendinitis and lateral epicondylitis. Treatment has included surgery, injection, and medications. Currently the injured worker complains of pain at the right glenohumeral region that radiates into the right trapezius, scapulothoracic, right paracervical, and pectoral regions. There was also pain in the bilateral elbows and bilateral hands. The treatment request included a medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C2-3, C3-4 facet joint medial branch blocks, fluoroscopically guided diagnostic:

Overtaken

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 and Upper back, facet joint diagnostic blocks.

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 patient presents with pain and weakness in her neck and upper extremity. The patient is s/p decompression, rotator cuff repair and distal clavicle excision on the right on 02/20/14. The request is for Left C2-3, C3-4, Facet Joint Medial Branch Blocks, Fluoroscopically Guided Diagnostic. MRI of the cervical spine shows disc disease at C4-5. X-ray shows no instability on flexion/extension view. ENG/NCV from 04/05/12 do not show any radiculopathy. The patient has not worked since 2012. 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. In this case, the patient underwent "right C2-3 and C4-5 facet joint medial branch block with no relief". However, there is no indication that the patient has had prior facet joint medial branch blocks at left C2-3 and C4-5. Physical examination reveals tenderness over C2-3 through C6-7 facet joints bilaterally and limited range of cervical motion. MRI and EMG/NCV do not show any radiculopathy. There is no evidence that this patient is anticipating surgical intervention. The patient has failed conservative treatment including physical therapy and NSAIDs. The request is medically necessary.