

Case Number:	CM15-0052267		
Date Assigned:	03/25/2015	Date of Injury:	12/03/1996
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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, 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:

The injured worker is a 68 year old male, who sustained an industrial injury on 12/03/1996. He has reported injury to the neck. The diagnoses have included chronic pain syndrome; cervical radiculopathy; degeneration of cervical intervertebral disc; and cervical spondylosis without myelopathy. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic, physical therapy, and home exercise program. A progress note from the treating physician, dated 02/17/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of moderate neck pain; location of pain is bilateral head and bilateral posterior neck; pain is relieved by medications and lying down; and the past facet blocks reduced his neck and headache pain for several months at almost 50% or so. Objective findings included tenderness to palpation of facet joints at C2-3 and C3-4 bilaterally; and positive facet loading testing for reproducing neck and headache pain. The treatment plan has included the request for medial branch nerve block- cervical, left side then right, series of two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Nerve Block- Cervical, Left Side then Right, series of 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for medial branch blocks, but it is unclear what levels are being requested. Additionally, guidelines only recommend one set of medial branch blocks and not a series of 2, as requested here. Unfortunately, there is no provision to modify the current request. As such, the currently requested Medial Branch Nerve Block- Cervical, Left Side then Right, series of 2 are not medically necessary.