

Case Number:	CM15-0056917		
Date Assigned:	04/01/2015	Date of Injury:	09/04/2006
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 45-year-old female, who sustained a work/ industrial injury on 9/4/06. She has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and cervical degenerative disc disease and cervical spondylosis. Treatments to date included medication with opioid detoxification 6/2013, surgery (L3-S1 fusion in 2008, spinal cord stimulator implantation in 12/2014), acupuncture, massage, behavioral therapy facet radiofrequency ablation. Computed Tomography (CT) of the cervical spine 3/12/15. Currently, the injured worker complains of long standing low back and posterior neck pain. The treating physician's report (PR-2) from 3/13/15 indicated the pain radiates down the posteriolateral aspect of the right lower leg to the foot and to both shoulders. Examination reported normal lordosis, facet tenderness at C4-5, C5-6, and C6-7 on the right, paraspinal muscle spasm were absent bilaterally. Range of motion was painful and restricted. Treatment plan included right C4, C5, C6, and C7 medical branch blocks (to be done on two separate occasions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4, C5, C6, C7 medical branch blocks (to be done on two separate occasions):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Pain Procedure Summary On-line Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Median branch block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, right C4, C5, C6, and C7 medial branch block (on two separate occasions) 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, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; a neurotomy should not be repeated unless duration of pain relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The current literature does not support the procedure is successful without sustained pain relief (generally at least six months duration), etc. In this case, the injured worker's working diagnoses are chronic pain syndrome; post laminectomy pain syndrome lumbar; radiculitis/radiculopathy; spondylosis lumbosacral and cervical; degenerative disc disease cervical; and depression. A review of the medical record show the injured worker had radiofrequency ablation with a right C3 & C4, C5, and C6 medial branch blocks. There was a 25 to 30% of movement. On February 9, 2012, the injured worker had a medial branch blocks with 70% pain relief for one hour before the pain returned (to the same affected area). The treating physician has provided multiple procedures with variable results and poor outcomes. The progress note dated March 13, 2015, subjectively, states the patient presents for reevaluation of long-standing low back and posterior neck pain. Injured worker was detoxed from opiates and underwent spinal cord stimulator implantation December 2014. Objectively, there was facet tenderness C4 & C5, C5 & C6, and C6 & C7 on the right. There was no muscle tenderness or spasm present. The provider recommends cervical medial branch blocks on a diagnostic basis. The injured worker underwent diagnostic medial branch blocks in the past with inconsistent radiofrequency ablation and medial branch blocks involving C4 & C5, C5 & C6, and C6 & C7 on the right. Additionally, the specific levels for medial branch blocks should be enumerated in the request for authorization. There are three levels in the request for authorization ranging from C4 & C5, C5 & C6 and C6 & C7. The guidelines do not recommend more than 2 levels at one time be injected, The treating physician does not specify what levels are to be injected at the first and/or second session. Consequently, absent clinical documentation with a positive response to medial branch blocks and the specific levels to be injected on specific dates, right C4, C5, C6 and C7 medial branch block (on two separate occasions) is not medically necessary.