

Case Number:	CM15-0058133		
Date Assigned:	04/17/2015	Date of Injury:	08/30/2007
Decision Date:	06/03/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/26/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 46-year-old male, who sustained an industrial injury on August 30, 2007. He reported neck pain, bilateral knee pain, right wrist pain, low back pain and right shoulder pain. The injured worker was diagnosed as having cervical syndrome with non-verifiable radicular complaints, right shoulder impingement syndrome, status post right wrist scapholunate ligament repair and capsulodesis with posterior interosseous neurectomy and retained piece of K-wire following arthroscopic scapholunate debridement with mild DeQuervain's tenosynovitis, lumbar syndrome with radicular complaints, right knee lateral compartment osteoarthritis and chondromalacia patella and left knee chondromalacia patella. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee and right wrist, conservative care, occupational therapy, medications and work restrictions. Currently, the injured worker complains of neck pain, bilateral knee pain, right wrist pain, low back pain and right shoulder pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 14, 2014, revealed continued pain. Cervical medial branch blocks and cervical traction for home use was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit for home use QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical Traction.

Decision rationale: The ODG recommends home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. It does not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. In this case, there is no documentation of a home exercise program in conjunction with the request for the cervical traction unit. Medical necessity for the requested cervical traction unit for home use has not been established. The requested item is not medically necessary.

Bilateral C4 Medial Branch Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Medial Branch Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections.

Decision rationale: According to the ODG, medial branch blocks are generally considered a diagnostic tool. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; no more than 2 joint levels bilaterally may be blocked at any one time; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there was no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The guideline criteria were not met. There is no documentation of failure of guideline-supported conservative treatment (for 4-6 weeks) to relieve pain. Medical necessity for the requested bilateral C-4 medial branch blocks was not established. The requested blocks were not medically necessary.

Bilateral C5 Medial Branch Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Medial Branch Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections.

Decision rationale: According to the ODG, medial branch blocks are generally considered a diagnostic tool. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; no more than 2 joint levels bilaterally may be blocked at any one time; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there was no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The guideline criteria were not met. There is no documentation of failure of guideline-supported conservative treatment (for 4-6 weeks) to relieve pain. Medical necessity for the requested bilateral C-5 medial branch blocks was not established. The requested blocks were not medically necessary.

Bilateral C6 Medial Branch Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Medial Branch Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections.

Decision rationale: According to the ODG, medial branch blocks are generally considered a diagnostic tool. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; no more than 2 joint levels bilaterally may be blocked at any one time; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there was no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The guideline criteria were not met. There is no documentation of failure of guideline-supported conservative treatment (for 4-6 weeks) to relieve pain. Medical necessity for the requested bilateral C-6 medial branch blocks was not established. The requested blocks were not medically necessary.