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| Case Number: | CM15-0058884 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 08/21/2001 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 03/28/2015 |

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old female with an industrial injury dated 08-21-2001. A review of the medical records indicates that the injured worker is undergoing treatment for cervical intervertebral disc degeneration, cervicgia, and cervicocranial syndrome. According to the progress note dated 03-12-2015, the injured worker reported left greater than right leg pain, thoracic pain, severe low back pain with bilateral radiculopathy, and neck pain with bilateral radiculopathy in arms to hands and bilateral wrist pain. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Objective findings (01-27-2015, 03-12-2015) revealed baseline neck pain on the right greater than the left side, spondylosis causing cervicogenic headache, significant occiput tenderness noted on the right and no new neurological deficit noted. The treating physician's assessment included neck pain with arm pain on the right side, cervical spondylosis with headache, and cervical radiculopathy on the right. Treatment has included Magnetic Resonance Imaging (MRI) of the cervical spine dated 03-18-2011, prescribed medications, and periodic follow up visits. The treating physician prescribed services for right side medial branch block at C2, C3, C4 and C5 with fluoroscopy as an outpatient. The utilization review dated 03-27-2015, non-certified the request for right sided medial branch block at C2, C3, C4 and C5 with fluoroscopy as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side medial branch block at 2, C3, C4 and C5 with fluoroscopy as an outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for Right side medial branch block at C2, C3, C4 and C5 with fluoroscopy as an outpatient, 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 4 medial branch levels (corresponding with 3 joint levels), clearly beyond the maximum of 2 joint levels recommended by guidelines. Additionally, it is unclear exactly what conservative treatment has been attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. In the absence of clarity regarding these issues, the currently requested Right side medial branch block at C2, C3, C4 and C5 with fluoroscopy as an outpatient is not medically necessary.