MAXIMUS Federal Services

Case Number:	CM15-0084046		
Date Assigned:	05/06/2015	Date of Injury:	09/11/2014
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 30-year-old who has filed a claim for chronic neck, elbow, wrist, and hand pain with derivative complaints of posttraumatic headaches reportedly associated with an industrial injury of December 11, 2014. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for medial branch blocks, third occipital nerve block, and associated IV sedation. The claims administrator referenced a progress note of April 15, 2015 and associated RFA form in its determination. The applicant's attorney subsequently appealed. On April 15, 2015, it was acknowledged that the applicant was off of work, on total temporary disability. The applicant attributed his complaints of neck pain radiating into left arm, shoulder pain, tinnitus, knee pain, hip pain, bilateral leg pain to an industrial motor vehicle accident (MVA). 8-9/10 pain complaints were reported. The applicant was engaged in minimal activities at home, it was acknowledged, despite ongoing medication consumption. The applicant's BMI was 30. The applicant was apparently on Norco, Motrin, and doxepin, it was suggested in various sections of the note. The applicant apparently exhibited painful cervical range of motion and a normal neurologic exam, it was suggested. Cervical MRI imaging of January 29, 2015 was notable for low-grade degenerative changes of uncertain clinical significance. Multilevel medial branch blocks were sought, along with radiofrequency denervation of the third occipital nerve procedure. The applicant was placed off work, on total temporary disability. The attending provider also sought authorization for a C7-T1 epidural steroid injection along with the medial branch blocks and greater occipital nerve block at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C2 medical branch nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 181.

Decision rationale: No, the proposed left-sided medial branch block was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch block at issue are deemed "not recommended" in the evaluation and management of applicants with neck and upper back pain complaints. It is further noted that the applicant's presentation, which included complaints of neck pain radiating into the arm, stabbing pain about the hand, thumb, and forefinger, etc., was not, in fact, suggestive or evocative of facetogenic or discogenic neck pain for which the medial branch block in question could be considered. The attending provider's concurrent request for medial branch blocks, a third occipital nerve block, and a C7-T1 epidural steroid injection, taken together, suggested a considerable lack of diagnostic clarity here. Therefore, the request was not medically necessary.

Left C3 medical branch nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 181.

Decision rationale: Similarly, the request for a left C3 medial branch block was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch blocks at issue are deemed "not recommended" in the evaluation and management of applicants with neck and upper back pain complaints, as were/are present here. The applicant's presentation, furthermore, did not appear to be particularly evocative or suggestive of facetogenic or discogenic neck pain for which the medial branch blocks in question could have been considered. Rather, it appeared that that the applicant had ongoing complaints of neck pain radiating into the arm, which was suggestive of an active cervical radicular process, it was reported on that date. The request, thus, is not indicated both owing to (a) unfavorable ACOEM position on the article at issue and (b) considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.

Left TON medical branch nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 181.

Decision rationale: The request for a left third occipital nerve medial branch block was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 notes that diagnostic blocks such as the left third occipital nerve block at issue are deemed "not recommended." As with the preceding request, the multiplicity of alleged pain generators, coupled with the fact medial branch blocks, cervical epidural steroid injection, and a third occipital nerve block were concurrently sought, taken together, suggested a considerable lack of diagnostic clarity here. The request, thus, is not indicated both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 181.

Decision rationale: Finally, the request for IV sedation was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for a medial branch block and a third occipital nerve block. Since those requests were deemed not medically necessary, the derivative or companion request for associated sedation was likewise not medically necessary.