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| Case Number: | CM15-0085311 | | |
| Date Assigned: | 05/07/2015 | Date of Injury: | 04/02/2013 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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: Emergency 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:

This 36 year old female sustained an industrial injury to the neck on 4/2/13. The injured worker later developed ongoing headaches. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, acupuncture, cervical facet injections (1/31/14) and medications. In an Agreed Medical Evaluation (AME) dated 2/11/15, the physician noted that the injured worker had a significantly positive and prolonged response from cervical facet injections on 1/31/14. The physician noted that cervical spine magnetic resonance imaging (9/10/13) showed a fairly significant level of cervical degenerative disease. The physician noted that future cervical facet joint injections were felt to be medically reasonable and necessary if they were still indicated for the cervical condition. In a PR-2 dated 3/24/15, the injured worker complained of neck pain, bilateral periorbital pain and right shoulder pain, rated 7-8/10 on the visual analog scale without medications and 4-5/10 with medications. The injured worker complained of epigastric upset with hematochezia that improved with Pericolace. Documentation of physical exam was difficult to decipher. Current diagnoses included cervical spine degenerative disc disease. The treatment plan included medications (Celebrex, Omeprazole and Pericolace), laboratory studies, continuing physical therapy and bilateral cervical medial branch block under fluoroscopic guidance at C2-C3 and C4-C5 per AME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical medial branch block under flourosopic guidance at C2-C3 and C4-C5:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Intra-articular facet blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Bilateral cervical medial branch block under flourosopic guidance at C2-C3 and C4-C5, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The treating physician has documented an Agreed Medical Evaluation (AME) dated 2/11/15, the physician noted that the injured worker had a significantly positive and prolonged response from cervical facet injections on 1/31/14. The physician noted that cervical spine magnetic resonance imaging (9/10/13) showed a fairly significant level of cervical degenerative disease. The physician noted that future cervical facet joint injections were felt to be medically reasonable and necessary if they were still indicated for the cervical condition. In a PR-2 dated 3/24/15, the injured worker complained of neck pain, bilateral periorbital pain and right shoulder pain, rated 7-8/10 on the visual analog scale without medications and 4-5/10 with medications. The treating physician has no documented positive facet compression testing on physical exam, nor intended radio-frequency ablation if receiving a positive response to the injections. The criteria noted above not having been met, Bilateral cervical medial branch block under flourosopic guidance at C2-C3 and C4-C5 is not medically necessary.