

Case Number:	CM15-0086164		
Date Assigned:	05/08/2015	Date of Injury:	06/22/2012
Decision Date:	06/09/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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, Florida, 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 injured worker is 59 year old male, who sustained an industrial injury on June 22, 2012. The mechanism of injury was not provided. The injured worker has been treated for neck and bilateral shoulder complaints. The diagnoses have included cervical sprain/strain, internal derangement of the bilateral shoulders and cervical central and bilateral foraminal stenosis. Treatment to date has included medications, radiological studies, physical therapy, injections and bilateral shoulder surgery. Current documentation dated April 8, 2015 notes that the injured worker reported dull, aching neck and bilateral shoulder pain with a limited range of motion. He also noted numbness of the bilateral ring finger and small finger at night. Examination of the cervical spine revealed tenderness to palpation of the right paracervical region and right scapular blade which was increased with flexion of the cervical spine. Range of motion revealed moderate limitation related to pain. Muscle tone and sensation were noted to be intact in the bilateral upper extremities. The treating physician's plan of care included a request for medial branch blocks to cervical five-cervical six and cervical six-cervical seven.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 under Medical Branch Blocks, Diagnostic.

Decision rationale: This claimant was injured now three years ago. There has been chronic neck and shoulder complaints. There has been exhaustive past treatment, including past injections, with unknown outcomes in regards to objective functional benefit. There are also numbness complaints, which would not be consistent with facet disease as a pain generator. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet mediated pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant is not clear. Also, the levels are not specified, which is key in determining if the levels are appropriate for this kind of medial branch injection. Moreover, objective improvement out of past injections is not known. The request is not medically necessary.