

Case Number:	CM15-0086815		
Date Assigned:	05/11/2015	Date of Injury:	03/19/2014
Decision Date:	06/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: Internal 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 48 year old male, who sustained an industrial injury on 3/19/2014, after a motor vehicle accident. The injured worker was initially diagnosed as having lumbar and cervical sprain/strain. His current diagnoses included C5-6 spondylosis, C4-5 and C5-6 retrolisthesis, and C4-5 and C5-6 facet arthropathy. His past medical history was notable for insulin dependent diabetes, blood clot on chronic anticoagulation therapy, hypertension, hypercholesterolemia, and depression. Treatment to date has included diagnostics, physical therapy, chiropractic, acupuncture, and medications. Magnetic resonance imaging of the cervical spine (7/10/2014) noted minimal degenerative changes, more prominent in the upper cervical spine, with mild stenosis in bilateral neural foramina at the C3-4 level. X-rays of the cervical spine (12/15/2014) noted C5-6 disc space narrowing with anterior osteophyte and facet arthropathy C4-5 and C5-6. On 2/05/2015, the injured worker complains of constant neck pain, variable intensity, increased with prolonged stationary positioning. His body mass index was 37.24%. Physical exam noted tenderness and guarding in the cervical paraspinals and decreased range of motion secondary to pain. Current medication regime for pain management was not noted. The treatment plan included cervical facet blocks at C4-5 and C5-6 bilaterally under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch blocks C4-C6 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- Neck and Upper Back Chapter, Facet joint therapeutic steroid injections.

Decision rationale: ODG states that medial branch blocks are generally considered as diagnostic blocks. 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; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. Medical necessity for the requested procedure is not established. The requested procedure is not medically necessary.

Left medial branch blocks C4-C6 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- Neck and Upper Back Chapter, Facet joint therapeutic steroid injections.

Decision rationale: ODG states that medial branch blocks are generally considered as diagnostic blocks. 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; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. Medical necessity for the requested procedure is not established. The requested procedure is not medically necessary.