

Case Number:	CM14-0117329		
Date Assigned:	08/06/2014	Date of Injury:	08/21/2009
Decision Date:	10/06/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who has submitted a claim for cervical musculoligamentous sprain/strain and bilateral upper extremity radiculitis, left side greater than right with degenerative disc disease/spurring at C4-C5, C5-C6 and C6-C7 associated with an industrial injury date of August 21, 2009. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain in the cervical spine rated 1/10 on the left side and 9/10 on the right side. The pain was described as achy, tight, and non-radiating. There was no numbness and tingling in the left arm upon turning of the left. Physical examination revealed tenderness over the paravertebral musculature, bilateral upper trapezius muscles and suboccipital region. Axial compression test was negative but elicits increased neck pain. ROM of the cervical spine was measured as follows: flexion of 48 degrees, extension of 58 degrees, right rotation of 35 degrees, left rotation of 40 degrees, right side bending of 76 degrees and left side bending of 75 degrees. Neurologic testing of the upper extremities, including muscle strength testing, sensory examination and DTR testing revealed normal results except for 4/5 strength of the left elbow flexors. Treatment to date has included medications, home exercise and transfacet epidural steroid injections (March 21, 2014 and April 10, 2014), Utilization review from July 3, 2014 denied the request for Bilateral C5-C7 medial branch block, quantity one and One follow-up with the pain management (after the medial branch block performed). The request for the medial branch block was denied because the guidelines do not recommend facet injections in patients with radicular symptoms nor do they recommend more than one set of medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C7 medial branch block, quantity one.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. 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 appears to be no sign of radicular pain, spinal stenosis or previous fusion in the recent progress reports; however, the patient was diagnosed with upper extremity radiculitis making the presence of a radiculopathy confusing. Furthermore, there appears to be no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The criteria for use of medial branch blocks were not met. Therefore, the request for Bilateral C5-C7 medial branch block, quantity one is not medically necessary.

One follow-up with the pain management (after the medial branch block performed).:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: On the basis that the ODG criteria for facet joint therapeutic steroid injections were not met, the request for the medial branch block was deemed not medically necessary and was therefore denied. Because the reason for the follow-up with pain management was deemed not necessary, the request for one follow-up with the pain management (after the medial branch block performed) is also not medically necessary.