

Case Number:	CM14-0126873		
Date Assigned:	09/16/2014	Date of Injury:	03/11/2010
Decision Date:	10/21/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 underlying date of injury in this case is 03/11/2010. The date of utilization review under appeal is 07/24/2014. The treating diagnoses include cervical disc degeneration, spondylosis, cervical radiculopathy, and depression. On 08/21/2014, the treating pain physician submitted an appeal regarding a prior utilization review for the treatment now under consideration. The treating physician notes that a prior reviewer noted the patient reported excellent relief from a prior medial branch block but that it was unclear whether or not the patient received 70% relief from the medial branch block. The treating physician also notes that the prior reviewer noted there was no specific evidence of physical exam findings, such as facet tenderness or reproducible axial neck pain with facet loading maneuvers. The treating physician clarified the patient did have over 70% reduction of his pain from his prior left medial branch block. The treating physician emphasized that regarding the request for a right medial branch block; examination showed no radicular findings but rather noted that Spurling's compression testing was positive for pain to the local neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Facet Joint Denervation Left C4-5, C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) TWC Neck & Upper Back Procedure Summary last updated 4/14/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Radiofrequency Neurotomy

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation/Neck states regarding facet joint radiofrequency neurotomy that "no more than 2 joint levels should be performed at one time." The current request is for treatment at 3 separate levels. The records do not provide a rationale for an exception to the guidelines. The request for Percutaneous Facet Joint Denervation Left C4-5, C5-6, and C6-7 is not medically necessary.

Medial Branch Block Right C4-5, C5-6, and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary last updated 6/10/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Diagnostic Blocks

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation/Neck discusses facet joint diagnostic blocks and states that "no more than 2 joint levels should be injected in 1 session." The current request is for 3 medial branch blocks. This request exceeds the treatment guidelines, and the records do not provide a rationale as to exception to these guidelines. Overall, the patient appears to have multifocal and multifactorial pain. The patient does not clearly meet the criteria for focal facet mediated disease, and specifically the treatment guidelines do not support an indication overall for a 3-level medial branch block. The request for Medial Branch Block Right C4-5, C5-6, and C6-7 is not medically necessary.