

Case Number:	CM14-0139882		
Date Assigned:	09/08/2014	Date of Injury:	11/15/2010
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 53 year old male with a 11/15/10 injury date. He sustained an injury while lifting and cleaning a stainless steel vent. In a follow-up on 7/16/14, subjective complaints included 7/10 throbbing pain with pins and needles, tingling, and numbness. The pain is constant, worse with all movements, and better with sitting. Objective findings included tenderness over the cervical paraspinal muscles and mastoid processes, more on the right than left. Cervical flexion is 30 degrees, extension is 10 degrees, lateral bending is 45 degrees, and rotation is 80 degrees. There is a positive cervical facet stress test. The provider recommends cervical medial branch block and radiofrequency ablation, as well as medications. Diagnostic impression: cervical facet arthropathy. Treatment to date: ACDF C5-7 (3/20/12), medications. A UR decision on 8/19/14 denied the request for cervical medial branch block at bilateral C5, C6, and C7 on the basis that the procedure is not recommended if there is a prior cervical fusion at the planned level(s) of injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Block at Bilateral C5, C6, C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter

Decision rationale: CA MTUS states that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG states that diagnostic medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In addition, diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level(s). In the present case, the request is for injection of three levels, which is more than what is recommended during a single procedure. In addition, the patient has a recent history of cervical fusion at C5-7, and facet injection at these levels is contraindicated. The guideline criteria for medical necessity have not been met in this case. Therefore, the request for cervical medial branch block at bilateral C5, C6, C7, is not medically necessary.