

Case Number:	CM14-0143929		
Date Assigned:	09/12/2014	Date of Injury:	11/15/2010
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 52-year-old male with a 11/15/10 date of injury. The mechanism of injury occurred when the patient was reaching overhead and strained his shoulder. According to a progress report dated 8/28/14, the patient rated his right shoulder pain without medications as 7 on a scale of 1 to 10. He is status post right shoulder arthroscopic debridement (3/27/14). The patient reported significant improvement following surgery with increased range of motion and better pain control. However, he has been working 6 days a week at this time and noted that his pain has gradually increased as a result of increased activity. He has been authorized for medial branch block scheduled for 9/3/14. Objective findings: cervical paravertebral muscles, spasm, and tenderness and tight muscle band noted on the right side, Spurling's maneuver causes neck pain but not radiating arm pain, tenderness noted in paracervical muscles and trapezius, restricted shoulder range of motion, tenderness noted in the acromioclavicular joint, biceps groove, glenohumeral joint and subdeltoid bursa. Diagnostic impression: joint pain, shoulder pain. Treatment to date: medication management, activity modification, physical therapy, right rotator cuff repair, TENS unit. A UR decision dated 8/6/14 denied the request for Medial Branch Block C4,5,6. Based on the patient's diagnosis, and considering the very chronic nature of the condition, and the lack of hard objective findings for facet syndrome, and considering request is for more than 2 levels at one time, according to MTUS guidelines, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block at C4, C5 and C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 diagnostic blocks X Other Medical Treatment Guideline or Medical Evidence: Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 181-183

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. However, there is no documentation that the patient has failed conservative measures of treatment. It is noted that the TENs unit has been helpful and Norco has been helpful in reducing his pain. In the reports reviewed, the patient has already had a cervical facet nerve block on the right at C4, C5, and C6 on 9/3/14. It is unclear another block would be required at this time. Therefore, the request for Medial Branch Block at C4, C5, and C6 was not medically necessary.