MAXIMUS Federal Services

Case Number:	CM14-0144592		
Date Assigned:	09/12/2014	Date of Injury:	10/26/1995
Decision Date:	11/25/2014	UR Denial Date:	08/22/2014
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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 injured worker is a 63 year old female who sustained an injury to her neck on 10/26/95. The mechanism of injury was not documented. Initial consultation report dated 08/01/14 noted that the injured worker complained of bilateral neck pain radiating to the bilateral shoulders and cervicogenic headaches. It was noted that the injured worker has gone to physical therapy in the past which was not helpful. There was no recent imaging study provided for review; however, MRI of the cervical spine dated January of 2008 reportedly revealed cervical facet joint arthropathy; however, the levels of arthropathy are not specified. The most recent clinical note dated 09/03/14 reported that the injured worker continued to complain of neck pain radiating into the bilateral shoulders with associated cervicogenic headaches. Physical examination of the cervical spine noted tenderness upon palpation of the paraspinal musculature overlying bilateral C2-3, C3-4, and C4-5 facet joints; cervical range of motion restricted by pain in all directions; cervical extension worse than flexion; Spurling's maneuver negative bilaterally; shoulder abduction test negative bilaterally; percussion of the neurovascular complex in the supraclavicular fossa and in the medial upper arm were negative bilaterally; Tinel's at the elbow, carpal tunnel and Guyon's canal testing negative bilaterally; Allen's and Phalen's testing negative bilaterally; muscle stretch reflexes are 1 and symmetric bilaterally in all limbs; clonus and Hoffmann's absent bilaterally; muscle strength 5/5 in all limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C2-C3, C3-C4, medial branch block under fluoroscopic guidance: 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- Treatment in Worker's Compensation, Pain Procedure Summary (last updated 07/10/2014), Facet joint diagnostic blocks

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

Decision rationale: The request for right C2-3 and C3-4 medial branch blocks under fluoroscopic guidance is not medically necessary. The previous request was denied on the basis that while the injured worker has neck pain with positive facet-mediated symptoms on examination, there are no diagnostics submitted which note facet arthropathy that correlate with the levels of this request. While permanent stationary report does review an MRI from 1999, this MRI was not submitted in the document and does not report facet arthropathy at the C2-3 level or note laterality of the facet arthropathy at C3-4. In the absence of findings of facet arthropathy on diagnostics that correlate with the request, the request was not deemed as medically appropriate. The Official Disability Guidelines states that medial branch blocks should be limited to injured workers with cervical pain that is nonradicular and at no more than 2 levels bilaterally. The Official Disability Guidelines also states that there must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAID's) prior to the procedure for at least 4-6 weeks. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker patient has completed to date or the patient's response to any previous conservative treatment. There was no indication that the patient is actively participating in a home exercise program. Given this, the request for right C2-3 and C3-4 medial branch blocks under fluoroscopic guidance is not indicated as medically necessary.