

Case Number:	CM14-0144599		
Date Assigned:	09/12/2014	Date of Injury:	11/20/1988
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
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 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 injured worker is a 67-year-old male who sustained an injury on 11/20/88. He complained of bilateral neck pain, left worse than right, and left shoulder pain. Pain level was 5/10. Bending, twisting, and lifting exacerbated the pain. Cervical exam revealed tenderness on palpation of the cervical paraspinal muscles overlying the bilateral C2-C3, C3-C4 and C4-C5 facet joints, and restricted ROM with pain in all directions. MRI of the left shoulder revealed focal partial detachment and tear of the anteroinferior labrum, mild to moderate rotator cuff tendinosis without tear, moderate fatty atrophy of the teres muscle, moderate arthrosis at the acromioclavicular joint, type 1 lateral down sloping acromion narrowing at the lateral supraspinatus outlet. MRI of the cervical spine revealed degenerative disc disease, facet joint arthropathy, anterior cervical discectomy, and fusion at C6-C7. He underwent a right rotator cuff repair, left knee surgery, and anterior cervical discectomy and fusion at C6-C7. Current medications include Tramadol, Naprosyn, Januvia, Amlodipine, Micardis, Simvastatin, and Protonix. On 07/31/14, he underwent left C2-C3 and C4-C5 facet joint medial branch block which provided 80% improvement. Diagnoses include bilateral cervical facet joint pain at C2-C3 and C4-C5, cervical facet joint arthropathy, chronic neck pain, and left shoulder pain. The request for decision for right C2-C3 facet joint medial branch block with fluoroscopic guidance, QTY: 1.00 and decision for right C4-C5 facet joint medial branch block with fluoroscopic guidance, QTY: 1.00 were denied on 08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C2-C3 facet joint medial branch block with fluoroscopic guidance, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acute & Chronic, Neck and Upper Back complaints, 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

Decision rationale: CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, lumbar medial branch block is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The criteria include: Clinical presentation should be consistent with facet joint pain, signs & symptoms. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 joint levels are injected in one session (see above for medial branch block levels). In this case, the clinical presentation is suggestive of facet arthropathy. However there is no documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. As such, the request is considered not medically necessary according to guidelines.

Right C4-C5 facet joint medial branch block with fluoroscopic guidance, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acute & Chronic, Neck and Upper Back complaints, 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

Decision rationale: CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, lumbar medial branch block is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The criteria include: Clinical presentation should be consistent with facet joint pain, signs & symptoms. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 joint levels are injected in one session (see above for medial branch block levels). In this case, the clinical presentation is suggestive of facet arthropathy. However there is no documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. As such, the request is considered not medically necessary according to guidelines.

