

Case Number:	CM14-0160033		
Date Assigned:	10/03/2014	Date of Injury:	03/14/2011
Decision Date:	11/04/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/29/2014

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:

The patient is a 50-year-old female who has submitted a claim for axial neck pain, post Laminectomy Syndrome, cervical spondylosis, and cervical radiculopathy associated with an industrial injury date of 03/14/2011. Medical records from 10/08/2012 to 08/13/2014 were reviewed and showed that patient complained of neck pain graded 5/10. Physical examination revealed tenderness over lower cervical paraspinals, full ROM, intact neurologic findings of upper extremities, and positive compression test. EMG/NCV study of right upper extremity dated 10/18/2012 was unremarkable. Treatment to date has included C7-T1 interlaminar ESI (07/25/2014) and pain medications. Of note, there was no documentation of functional outcome from aforementioned treatment. There was no discussion of other conservative management approach as well. Utilization review dated 08/25/2014 denied the request for cervical medial branch blocks at C3, C4, and C5, right side, then in two weeks medical branch blocks at C3, C4, and C5, left side because there was no in-depth documentation of previous treatment modalities and outcomes

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Blocks at C3, C4, and C5, Right Side, then in two weeks Medical Branch Blocks at C3, C4, and C5, Left Side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

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 (Injections)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool. There is also minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; No more than 2 joint levels are injected in one session; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, the patient complained of low back pain. The patient's clinical manifestations were inconsistent with focal neurologic deficit to suggest presence of radiculopathy. However, there was no documentation of functional outcome from previous cervical ESI and pain medications to suggest conservative treatment failure. There was no discussion of other conservative management approaches as well. Moreover, the request for 3-level medial branch block exceeds the guidelines limit of 2 joint levels per session. Therefore, the request for Cervical medial branch blocks at C3, C4, and C5, right side, then in two weeks medical branch blocks at C3, C4, and C5, left side is not medically necessary.