

Case Number:	CM14-0093316		
Date Assigned:	07/25/2014	Date of Injury:	08/02/2001
Decision Date:	06/22/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 52-year-old male who sustained an industrial injury on 08/02/2001. Diagnoses include status post anterior discectomy and fusion at C6-C7, cervical discopathy and cervical facet syndrome. Treatments to date include medications, physical therapy to the neck and left shoulder, massage, TENS unit, heat, cervical epidural steroid injections, acupuncture and chiropractic care and a spinal cord stimulator for the cervical spine (subsequently removed). X- rays, MRIs and discograms were performed. The cervical spine MRI dated 5/19/14 showed evidence of the previous spinal fusion and disc bulges at C3-4, C5-6 and C7-T1 with left foraminal stenosis at C3-C4. According to the progress report dated 5/27/14, the IW reported constant neck pain rated 7/10, which radiated to the bilateral shoulders and the low back. There was tenderness to palpation over the paraspinal muscles and over facet levels C4 to C7. A request was made for bilateral C4 through C6 medial branch blocks due to evidence of facet pain and arthropathy and failure of conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral C 4 thorough C 6 medial branch blocks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Facet Blocks

Cervical/Thoracic Spine; Official Disability Guidelines - Neck and Upper Back Acute and Chronic.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001. Treatments have included a cervical spine fusion at the C6-7 level. When requested, the claimant was having constant neck pain rated at 7/10. There was cervical paraspinal muscle and facet tenderness. Conservative treatments have been extensive including medications, massage, physical therapy, epidural injections, acupuncture, chiropractic care, a spinal cord stimulator that was removed, and use of TENS. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, when requested, the claimant was having non-radiating neck pain and there were no physical examination findings of radiculopathy. Two level treatments (which require three medial branch blocks) is being requested above the claimant's level of fusion. The criteria for performing diagnostic facet blocks were met and the request was medically necessary.