

Case Number:	CM15-0111536		
Date Assigned:	06/18/2015	Date of Injury:	04/23/1996
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

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 is a 60-year-old female, who sustained an industrial injury on 4/23/96. The injured worker was diagnosed as having pain in thoracic spine, headache, myalgia and myositis, muscle spasms, failed back surgery syndrome of cervical spine, carpal tunnel syndrome, cervicgia, chronic pain syndrome, degenerative disc disease and COAT. Treatment to date has included 2 cervical spine surgeries, physical therapy, acupuncture, cervical epidural steroid injections, facet injections, trigger point injections, cervical radiofrequency, oral medications including Vicodin, Percocet, Cymbalta and Tizanidine, Celebrex, topical Lidoderm and Fentanyl and activity restrictions. Currently, the injured worker complains of upper back pain and neck pain, described as an ache, deep, diffuse, discomforting, dull, piercing, sharp and stabbing and relieved by ice, lying down, injections, pain meds and physical therapy. She rates the pain 7/10. Her work status is considered permanent and stationary. Physical exam noted paracervical muscle spasm and tenderness with restricted range of motion of cervical region and tenderness and restricted range of motion of thoracic spine. The treatment plan included cervical medial branch block and epidural steroid injections. Notes indicate that the patient has a C5-7 fusion. Additionally, the patient previously underwent cervical radiofrequency ablation in 2006.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided cervical spine radiofrequency medial branch blocks at C4-5 and C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation x ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for Right sided cervical spine radiofrequency medial branch blocks at C4-5 and C6-7, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for 4 medial branch levels (corresponding with 3 joint levels), clearly beyond the maximum of 2 joint levels recommended by guidelines. Additionally, it appears that the patient has had a fusion surgery at the proposed treatment levels, despite guideline recommendations against this procedure where fusion has previously been performed. Additionally, it is unclear how the patient responded to the previous radiofrequency ablation in terms of analgesic efficacy, objective functional improvement, and duration of relief. In the absence of clarity regarding those issues, the currently requested Right sided cervical spine radiofrequency medial branch blocks at C4-5 and C6-7 are not medically necessary.