

Case Number:	CM15-0113357		
Date Assigned:	06/19/2015	Date of Injury:	12/16/2013
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/11/2015

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 52 year old female, who sustained an industrial injury on 12/16/13. She reported a right shoulder injury. The injured worker was diagnosed as having radicular symptoms of upper limbs, cervical arthritis, cervical disc displacement and cervical disc degeneration. Treatment to date has included topical medications including Lidoderm patches and Voltaren gel, cervical epidural steroid injection and activity restrictions. (MRI) magnetic resonance imaging of cervical spine revealed moderate to severe stenosis at C5-6 and moderate stenosis at C4-5 and (MRI) magnetic resonance imaging of right shoulder revealed evidence of rotator cuff changes with possible tear. Currently, the injured worker complains of continued constant, moderate to severe diffuse neck pain with radiation to right shoulder. She is currently not working. Physical exam noted restricted range of cervical spine motion and tenderness to palpation of suprascapular, shoulder, acromioclavicular, subacromial and anterior shoulder regions and restricted range of motion of right shoulder. A request for authorization was submitted for right cervical facet median branch blocks at C4-5, C5-6 and C6-7 with oral sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical facet median branch blocks C4-5, C5-6 and C6-7 with oral sedation: 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, Treatment in Workers' Compensation, Neck and Upper Back, Facet Joint Blocks.

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

Decision rationale: Regarding the request for cervical medial branch blocks, 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, guidelines do not support the use of sedation for medial branch blocks as it undermines diagnostic validity. In the absence of clarity regarding these issues, the currently requested cervical medial branch blocks are not medically necessary.