

Case Number:	CM15-0113702		
Date Assigned:	06/22/2015	Date of Injury:	10/18/2012
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on October 18, 2012. He reported an injury to his head and was diagnosed with closed head injury and concussion, occipital headache and cervical sprain with left upper extremity radiculopathy. Treatment to date has included physical therapy, massage therapy, and medications. Currently on 4/29/15 the injured worker complains of pain across his neck with associated occipital headache. He reports the headache is exacerbated by noise, crowds and turning his head to the right. The headache is relieved with medications and quiet. He has difficulty sleeping and intermittent nausea. The injured worker reports new short-term memory issues. On physical examination the injured worker has mild lordosis and his range of motion is restricted due to pain. Spurling's maneuver produces no pain in the neck or radicular symptoms in the arm. He has no ataxia on ambulation. His strength is normal in all major muscle groups and he has intact sensation to light touch and pinprick. The diagnosis associated with the request is cervicalgia. The treatment plan includes cervical medial branch block Spinal Q brace and neuropsychological evaluation. The medication list include Alprazolam, Frova, Diclofen, Cyclobenzaprine, Omeprazole, and Zofran. Patient has received an unspecified number of PT and massage therapy visits for this injury. The patient has had history of the left UE cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3 and C4 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Facet joint diagnostic blocks.

Decision rationale: Request: Bilateral C3 and C4 medial branch block. MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG Neck and upper back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy." In addition, regarding facet joint injections, ODG states, "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: There should be no evidence of radicular pain, spinal stenosis, or previous fusion." The patient has had history of the left UE cervical radiculopathy. Per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Patient has received an unspecified number of the PT visits for this injury til date. Detailed response of the PT visits was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Bilateral C3 and C4 medial branch block is not fully established in this patient.