

Case Number:	CM15-0113831		
Date Assigned:	06/22/2015	Date of Injury:	04/20/2012
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female who sustained an industrial injury on 04/20/2012. She reported that she was carrying a tray and hit the corner of a table and felt a pop in her neck. The injured worker was diagnosed as having cervical sprain, and thoracic sprain. Treatment to date has included physical therapy, chiropractic manipulation, acupuncture, epidural steroid injections, and deep tissue massage. On 7/23/2014, she had an intralaminar epidural block to C5. The epidural block provided her 80% improvement. The plan was for Medial branch blocks to denervate C4-5 and C5-6 joints bilaterally. The worker continued with oral pain medications and deep tissue massage, and was approved for the procedure of medial branch blocks but the authorization expired and she did not have the procedure. She continued with oral pain medications of Neurontin and Naproxen. On 02/09/2015, the injured worker complained of persistent neck pain that was not worsening or improving. On examination, her lateral rotation was 60 degrees bilaterally; lateral flexion was 30 degrees bilaterally; she could touch her chin to her chest and look up. Reflexes were normal with no gross motor weakness. Medications included Neurontin and Naproxen. She was declared permanent and stationary and awaited authorization for further treatment. A request for authorization was made on 06/01/2015 for Bilateral C4-6 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-6 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back under Medical Branch Blocks, Diagnostic.

Decision rationale: This claimant was injured three years ago, and had a pop in the neck. There has been past ESI. She was previously authorized for the blocks, but for unclear reasons, they were not done. Moreover, the strong facet sign of extension pain is not noted. Reflexes were normal. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant are not clear. Moreover, objective improvement out of past injections is not known. Extension pain, a classic facet sign, is not noted. Finally, the fact that the last authorization was not used could raise some questions as to the true necessity for the procedure. The request is not medically necessary.