

Case Number:	CM15-0113918		
Date Assigned:	06/22/2015	Date of Injury:	04/12/2006
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 12, 2006. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for diagnostic medial branch blocks to the cervical facet joints C2-C3 and C3-C4. The claims administrator referenced a progress note of April 21, 2015 and an associated RFA form of May 5, 2015 in its determination. The claims administrator also referenced electrodiagnostic testing of September 16, 2013 notable for evidence of chronic C5-C6 radiculopathy status post two prior cervical spine surgeries. The applicant's attorney subsequently appealed. On April 21, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had ongoing issues with neck pain and paresthesias, it was reported. The applicant had already had cervical facet blocks at various points over the course of the claim, including in February and October 2012, it was reported. The applicant was on Klonopin, Flexeril, Atarax, Zoloft, Cialis, and Flomax, it was reported in one section of the note, while another section of the note stated that the applicant was using tramadol and Flexeril on a p.r.n. basis. Diagnostic medial branch blocks were sought for "diagnostic and therapeutic purposes," the treating provider reported, stating that the applicant could potentially be a candidate for cervical radiofrequency ablation procedures. On November 4, 2014, the applicant reported numbness, tingling, and burning paresthesias about the entire right upper extremity and left forearm. The applicant was given various diagnoses including that of cervical radiculopathy status post C4-C5 and C5-C6 fusion. The applicant was placed off of work, on total temporary disability. On February 3, 2015, it was stated that the applicant had

been given a 53% whole person impairment rating. It was stated that the applicant had recently used Lyrica for upper extremity paresthesias but discontinued the same owing to reported side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic anesthetic medial branch block, cervical facet joints C2-3, C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-189. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: No, the request for diagnostic medial branch blocks to the cervical and facet joints of C2-C3 and C3-C4 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch blocks in question are deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling rationale for the procedure in question in the face of the unfavorable ACOEM position on the same. It is further noted that the applicant's presentation, which includes complaints of paresthesias about the bilateral upper extremities status post earlier failed cervical spine surgery was highly suggestive of an active cervical radiculopathy process. It did not appear, in short, that the applicant had facetogenic or diskogenic pain for which the medial branch blocks at issue could be considered. The request, thus, was not indicated both owing to the: (a) unfavorable ACOEM position on the article at issue and; (b) the predominance of cervical radicular pain complaints. Therefore, the request was not medically necessary.