

Case Number:	CM15-0163719		
Date Assigned:	08/31/2015	Date of Injury:	08/07/1995
Decision Date:	12/04/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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:

This is a 69 year old male who sustained a work-related injury on 8-7-95. Medical record documentation on 8-5-15 revealed the injured worker was being treated for cervical spondylosis without myelopathy. He reported ongoing left-sided neck pain. He reported that a medial branch block performed at left C3 through C6 on May 1, 2015 was highly successful with 100% pain relief for 3-4 days. He rated his pain a 7 on a 10-point scale. Conservative therapy tried included 12 sessions of physical therapy, which increased his pain, massage therapy which provided no relief, chiropractic therapy which increased his pain and home exercise program which provided minimal help. His NSAIDS do not provide adequate relief. Objective findings included facet tenderness on the left cervical spine at C3, C4, C5 and C6 levels. Pain was reproduced with facet loading on the cervical spine and his neck range of motion was limited by pain. His neck rotation was limited to 40 degrees, extension to 40 degrees and flexion to 40 degrees. He denied numbness and tingling. All muscle strength was 5-5. An MRI of the cervical spine in February 2012 was documented by the evaluating physician as revealing severe neural foraminal stenosis at C3-4, moderate to severe left neural foraminal narrowing at C4-5 and severe narrowing on the left neural foramen at C5-6. A request for one left C3, C4, C5 and C6 medial branch block under fluoroscopic guidance was received on 8-6-15. On 8-13-15, the Utilization Review physician determined one left C3, C4, C5 and C6 medial branch block under fluoroscopic guidance was not medically necessary. An 8/25/15 report notes that RFA was non-certified and request will be made again for radiofrequency ablation (RFA).

IMR ISSUES, DECISIONS AND RATIONALES

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

One Left C3, C4, C5 and C6 medial branch block under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic) Criteria for the use of diagnostic blocks for facet nerve pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back/ Facet joint diagnostic blocks, Neck and Upper Back/ Facet joint radiofrequency neurotomy, Neck and Upper Back/Facet joint therapeutic steroid injections.

Decision rationale: According to ODG, facet joint diagnostic blocks are recommended prior to facet neurotomy a procedure that is considered "under study". Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). According to ODG, Facet joint radiofrequency neurotomy is under study. ODG also notes that facet joint therapeutic steroid injections are not recommended. In this case, the medical records note that the injured worker underwent a medial branch block performed at left C3 through C6 on May 1, 2015, which provided 100% pain relief for 3-4 days. An 8/25/15 report notes that RFA (radiofrequency ablation) was non-certified and request will be made again for radiofrequency ablation (RFA).ODG does not support repeat medical branch blocks and therefore the request for One Left C3, C4, C5 and C6 medial branch block under fluoroscopic guidance is not medically necessary and appropriate.