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| Case Number: | CM15-0170408 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 03/15/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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:

This injured worker is a 36 year old female, who sustained an industrial injury on 03-15-2012. The injured worker was diagnosed as having cervicgia and occipital neuralgia. On medical records dated 06-23-2015 and 02-27-2015 the subjective findings noted neck pain and headaches. Pain was noted a 6 out of 10 on the pain scale. Objective findings were noted as cervical paraspinal tenderness on the right, negative foraminal closure tests on the right and left. Pain to palpation over the C2 transverse process on the right, pain in the distribution of the C2 nerve, positive facet loading right C4-C6 facets, multiple myofascial trigger points over the right cervical paraspinal and trapezius and a positive twitch response was noted. Current medication included Lyrica, Naproxen, Tramadol, Flexeril, Norco and Prilosec, Pamelor, Ultram, Omeprazole, Cyclobenzaprine HCL, and Vicodin. The Utilization Review (UR) was dated 08- 10-2015. The UR submitted for this medical review indicated that the request for median nerve branch block at right C4, C5 and C6 was non-certified due to being not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Median nerve branch block at right C4, C5 and C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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 in 2012 with cervicgia and occipital neuralgia. Objective findings were cervical paraspinal tenderness on the right, negative foraminal closure tests on the right and left. There was pain to palpation over the C2 transverse process on the right, pain in the distribution of the C2 nerve, positive facet loading right C4-C6 facets, multiple myofascial trigger points over the right cervical paraspinal and trapezius and a positive twitch response was noted. 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 case reports mention triggering, but the signs of facet pathology are far weaker. Also, the surgical plans in this claimant is not clear. Moreover, past injection history and objective improvement outcomes are not known. The request is appropriately not medically necessary.