

Case Number:	CM15-0171901		
Date Assigned:	09/14/2015	Date of Injury:	11/13/2011
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 is a 45 year old male, who sustained an industrial injury on 11-13-11. The injured worker is undergoing treatment for neck sprain, post-concussion syndrome, dizziness and pain of facet joint. Medical records dated 8-14-15 indicate the injured worker complains of headaches, dizziness and neck pain. Pain is rated 8 out of 10 without medication and 5 out of 10 with medication. He underwent left C3 and C4 medial branch blocks in June 2015. The physician states, "the patient feels that he had over 70% pain relief from the medial branch blocks." The patient reports that his neck felt "normal" and he had much less headaches. Physical exam dated 8-14-15 notes tenderness to palpation over left C3-4 facet joint and painful rotation to the left and extension. Treatment to date has included Topamax, Prilosec, Lidoderm patch, ear, nose and throat evaluation and psychiatric treatment. A supplemental qualified medical exam dated 4-19-15 indicates "abnormal" lower extremity electromyogram and "normal" CAT scan. The original utilization review dated 8-24-15 indicates the request for left C3 and C4 medial branch nerves under fluoroscopic guidance and conscious sedation is non-certified noting diagnostic medial branch block C3 and C4 reduced pain from 5-6 out of 10 to 4-5 out of 10 so it did not provide 70% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3 and C4 medial branch nerves under fluoroscopic guidance and conscious sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint diagnostic blocks, Facet joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections; Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

Decision rationale: Regarding the request for Left C3 and C4 medial branch nerves under fluoroscopic guidance and conscious sedation, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines state approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, the requesting physician has asked for an unknown procedure. If it is for a second medial branch block to be done, that would be beyond guidelines recommendation. Additionally, if it is for a radio frequency ablation to be done, there is no indication that the patient has had a medial branch blocks with greater than or equal to 70% reduction in pain from the operative surgeon. The requesting physician documents pain relief of greater than or equal to 70% however not the one that did the procedure. Also there is no documentation of a pain diary following the procedure or decrease medication use or improved function and for what duration those things might have taken place. In the absence of clarity regarding these issues, the currently requested Left C3 and C4 medial branch nerves under fluoroscopic guidance and conscious sedation is not medically necessary.