

Case Number:	CM15-0174346		
Date Assigned:	09/16/2015	Date of Injury:	03/09/2011
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/04/2015

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: Emergency 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 54 year old male who sustained an industrial injury on 03-09-2011. Medical records indicate the worker has Cervical sprain, has had Cervical Spine Surgery, has Cervical post traumatic headaches with spasm, Left upper extremity-shoulder radiculopathy, Chronic pain and associated mood disorder, Erectile dysfunction secondary to chronic pain, Stroke and Teeth problems. Treatment to date has included oral and injected medications. In the provider notes of 08-19-2015, the injured worker complains of ongoing neck and left shoulder pain. His neck pain is associated with headache and exacerbated by extension and twisting, constant in nature, and difficulty sleeping. He also has constant pain radiating to the suprascapular area. The pain is present even when reclining, making it difficult for him to sleep. On examination of the cervical spine, there is mild lordosis and a surgical scar. Range of motion is restricted with extension limited to 15 degrees due to pain and lateral rotation to the left limited to 45 degrees. Spurling's maneuver produces no pain in the neck and no radicular symptoms in the arm. He has a positive Adson's maneuver on the left and negative on the right. Positive facet loading is present at C3 & C4. Cranial nerves II-XII are grossly intact and strength, sensation, and reflexes are normal and equal in the upper and lower extremities. Gait is without ataxia. The plan of care included acupuncture, medial branch blocks, continued medications and extension on cognitive behavioral therapy. A request for authorization was submitted for a Bilateral C3 medial branch block, Bilateral C4 medial branch block, and a Spinal Q brace indefinite use. A utilization review decision on 08-13-2015 denied both blocks and the Spinal Q brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Bilateral C3 medial branch block, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non- radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has ongoing neck and left shoulder pain. His neck pain is associated with headache and exacerbated by extension and twisting, constant in nature, and difficulty sleeping. He also has constant pain radiating to the suprascapular area. The pain is present even when reclining, making it difficult for him to sleep. On examination of the cervical spine, there is mild lordosis and a surgical scar. Range of motion is restricted with extension limited to 15 degrees due to pain and lateral rotation to the left limited to 45 degrees. Spurling's maneuver produces no pain in the neck and no radicular symptoms in the arm. He has a positive Adson's maneuver on the left and negative on the right. Positive facet loading is present at C3 & C4. Cranial nerves II-XII are grossly intact and strength, sensation, and reflexes are normal and equal in the upper and lower extremities. Gait is without ataxia. The injured worker has had a C4-5 fusion, as well as a 2011 cervical MRI which did not show facet arthropathy, and had a 2012 C3 and C4 medial branch blocks with a positive response. The treating physician has not documented the medical necessity for having advanced to a neurotomy after the positive diagnostic medial branch blocks versus having a repeat medial branch block. The criteria noted above not having been met, Bilateral C3 medial branch block is not medically necessary.

Bilateral C4 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Bilateral C4 medial branch block, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non- radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has ongoing neck and left shoulder pain. His neck pain is associated with headache and exacerbated by extension and twisting, constant in nature, and difficulty sleeping. He also has constant pain radiating to the suprascapular area. The pain is present even when reclining, making it difficult for him to sleep. On examination of the cervical spine, there is mild lordosis and a surgical scar. Range of motion is restricted with extension limited to 15 degrees due to pain and lateral rotation to the left limited to 45 degrees. Spurling's maneuver produces no pain in the neck and no radicular symptoms in the arm. He has a positive Adson's maneuver on the left and negative on the right. Positive facet loading is present at C3 & C4. Cranial nerves II-XII are grossly intact and strength, sensation, and reflexes are normal and equal in the upper and lower extremities. Gait is without ataxia. The injured worker has had a C4-5 fusion, as well as a 2011 cervical MRI which did not show facet arthropathy, and had a 2012 C3 and C4 medial branch blocks with a positive response. The treating physician has not documented the medical necessity for having advanced to a neurotomy after the positive diagnostic medial branch blocks versus having a repeat medial branch block. The criteria noted above not having been met, Bilateral C4 medial branch block is not medically necessary.

Spinal Q brace indefinite use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Spinal Q brace indefinite use , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has ongoing neck and left shoulder pain. His neck pain is associated with headache and exacerbated by extension and twisting, constant in nature, and difficulty sleeping. He also has constant pain radiating to the suprascapular area. The pain is present even when reclining, making it difficult for him to sleep. On examination of the cervical spine, there is mild lordosis and a surgical scar. Range of motion is restricted with extension limited to 15 degrees due to pain and lateral rotation to the left limited to 45 degrees. Spurling's maneuver produces no pain

in the neck and no radicular symptoms in the arm. He has a positive Adson's maneuver on the left and negative on the right. Positive facet loading is present at C3 & C4. Cranial nerves II-XII are grossly intact and strength, sensation, and reflexes are normal and equal in the upper and lower extremities. Gait is without ataxia. The injured worker has had a C4-5 fusion, as well as a 2011 cervical MRI which did not show facet arthropathy, and had a 2012 C3 and C4 medial branch blocks with a positive response. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Spinal Q brace indefinite use is not medically necessary.