

Case Number:	CM15-0177312		
Date Assigned:	09/18/2015	Date of Injury:	01/24/2013
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on January 23, 2013. He reported neck and lumbar pain. The injured worker was diagnosed as having status post ACDF of cervical 4 and 5 with anterior instrumentation, follow up surgery, lumbago, sacroiliac ligament strain and sprain, lumbar spondylosis without myelopathy and lumbar and thoracic radiculitis. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the cervical spine on 2014, sacroiliac injection (with noted 100% improvement temporarily), lumbar epidural steroid injection (LESI) (with no relief at all), cervical ESI, physical therapy, home exercises and work restrictions. Currently, the injured worker continues to report headaches, neck, sacroiliac and lumbar pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on April 16, 2015, revealed continued pain as noted. He rated his cervical pain at 6 on a 1-10 scale with 10 being the worst. He noted tingling in the left hand and decreased range of motion in the cervical spine. He noted he could not turn his head to the left side all the way. He noted he thinks physical therapy is helping but that it has not fixed the initial problem. He rated his lumbar spine pain at 5 on a 1-10 scale with 10 being the worst. He noted left lower extremity pain radiating through the knee. He noted the sacroiliac pain was returning but isn't yet where it was before the sacroiliac injection. Evaluation on August 12, 2015, revealed continued cervical pain rated at 9 and lumbar pain rated at 5-6 on a 1-10 scale with 10 being the worst. He noted he had LESI 2 weeks earlier with no relief at all. He noted no relief with cervical ESI.

The RFA included a request for Medical branch block to the left C2/3 and was non-certified on the utilization review (UR) on August 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical branch block to the left C2/3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Criteria for the use of facet joint radiofrequency neurotomy.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in January 2013 and is being treated for neck and low back pain. He has a history of an anterior cervical decompression and fusion at C4/5 in February 2014. After a sacroiliac joint injection he improved and increased his activity and then had increasing neck pain. He was referred for physical therapy for the neck in February 2015. In May 2015 he had completed physical therapy treatments and was having ongoing left-sided neck pain. A CT scan of the cervical spine was obtained showing findings of moderate left C2/3 facet arthropathy. When seen, he was having neck pain and headaches. He was not having radiating arm pain. He had decreased cervical spine range of motion. Physical examination findings included left sided cervical and trapezius tenderness. There was pain with left lateral cervical rotation. Authorization was requested for a left medial branch block at C2/3. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has testing results and physical examination findings consistent with cervical facet pain at the level being requested. He is not having radicular pain. Recent physical therapy was provided. The requested medial branch blocks procedure is medically necessary.