

Case Number:	CM15-0177636		
Date Assigned:	09/18/2015	Date of Injury:	08/07/1995
Decision Date:	12/03/2015	UR Denial Date:	09/04/2015
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: 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 is a 69 year old male, who sustained an industrial-work injury on 8-7-95. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis. Treatment to date has included pain medication, medial branch block 5-1-15 with 100 percent pain relief for 3-4 days, activity modifications and other modalities. The physician indicates that the cervical Magnetic Resonance Imaging (MRI) dated February 2012 reveals disc osteophyte complex, disc protrusion, mild facet hypertrophy, and severe neural foraminal stenosis, left greater than right C3-C7 and T1. Medical records dated 8-5-15 indicate that the injured worker complains of ongoing left sided neck pain rated 7 out of 10 on the pain scale currently. The physical exam dated 8-5-15 reveals facet tenderness of the left cervical spine, neck range of motion is limited by pain, pain is reproduced with facet loading on the cervical spine and range of motion is limited. Pinprick reveals no dermatome hyperalgesia on the left. The requested service included 1 Right C4-5, C5-6 (neck) medial branch blocks with fluoroscopic guidance. The original Utilization review dated 9-4-15 non-certified the request for 1 Right C4-5, C5-6 (neck) medial branch blocks with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right C4-5, C5-6 (neck) medial branch blocks with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back: Facet joint diagnostic blocks Low back: Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic, it only has general information concerning diagnostic blocks prior to neurotomy. As per Official Disability Guidelines, diagnostic facet 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. Patient already had a block done on 5/5/15 with documented results. There is no appropriate justification or rationale for another block. "Therapeutic" blocks are not recommended or supported by evidence. Either way, this request is not medically necessary.