

Case Number:	CM15-0063941		
Date Assigned:	04/09/2015	Date of Injury:	12/30/2002
Decision Date:	05/15/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/03/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old female who sustained an industrial injury on 12/30/2002. Current diagnosis includes spondylosis of cervical joint without myelopathy. Previous treatments included medication management, cervical surgery, injections, radio-frequency ablation, chiropractic therapy, physical therapy, psychological evaluation, and multiple blocks. Previous diagnostic studies included x-rays, EMG/NCV study, and MRI's. Report dated 03/23/2015 noted that the injured worker presented with complaints that included neck pain. Pain level was rated as 9-10 out of 10 on the visual analog scale (VAS) without medications. Physical examination was positive for abnormal findings. The treatment plan included medial branch block of the cervical area, started butalbital-APAP-caffeine, continued hydrocodone-acetaminophen, continue medications at current strength and dose, and follow up in 30 days or sooner if needed. The physician noted that the injured worker has symptoms and physical findings consistent with cervical facet pain, and has had success with RFTC in the past. Disputed treatments include bilateral medial branch block C3, 4, 5, C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block C3, 4, 5, C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back Facet joint diagnostic blocks.

Decision rationale: The patient presents with cervical pain, which causes numbness in the bilateral fingers. The current request is for Bilateral Medial Branch Block C3, 4, 5, C7-T1. The treating physician states, "I would recommend performing diagnostic cervical MBB prior to RFTC to make sure that the pain is facetogenic in nature." (11B) The ODG guidelines do recommend facet joint diagnostic blocks. The criteria for the injection is that the patient must have cervical pain that is non-radicular and at no more than two levels bilaterally, no more than 2 joint levels are injected in one session. In this case, the treating physician has documented that the patient is having radicular pain and the ODG guidelines recommend no more than 2 joint levels be injected. The treating physician has requested that the patient receive C3, 4, 5, and C7-T1 which would exceed the recommended guidelines. The current request is not medically necessary and the recommendation is for denial.