MAXIMUS Federal Services

Case Number:	CM15-0064608		
Date Assigned:	04/10/2015	Date of Injury:	03/10/2005
Decision Date:	05/12/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 55 year old male, who sustained an industrial injury on 3/10/05 Initial complaints of injury are not noted. The injured worker was diagnosed as having right medical epicondylitis; right carpal tunnel syndrome; right capsular myofascial/tendonitis; right trapezius/cervical; displacement of cervical intervertebral disc without myelopathy; cervical spinal stenosis; brachial neuritis or radiculitis NOS; degeneration of cervical intervertebral disc; cervicocranial syndrome; thoracic outlet syndrome. Treatment to date has included chiropractic therapy; acupuncture; TENS unit; status post ACDF at C4-C5, C5-6 and C6-C7 (8/23/12); status post right medial epicondylectomy with partial medial epicondylectomy and repair of flexor pronator tendon origin (NO DATE); EMG/NCV bilateral upper extremities (5/19/14); CT scan cervical spine (5/23/14 and then 9/23/14); NM three phase bone scan (9/24/14); stellate ganglion block (9/4/14); Right cervical Facet medial Branch Block C6-7 (10/15/15);status post right carpal tunnel release (3/23/15); occupational therapy; drug toxicology screening for medical management. Currently, the PR-2 notes dated 12/10/14 the injured worker complains of neck pain and right upper extremity symptoms. He continues to report radiation of pain and pins and needles into his right shoulder and down his entire right upper extremity with numbness in his hand and fingers. He has persistent tightness in his neck with continued swelling in his right arm and hand. There is no pain, numbness or tingling in the left upper extremity. He has a Toradol injection on 10/15/14 for a flare-up that gave some relief. Additional submitted medical documentation demonstrates the injured worker had a repeat medial branch nerve block at right C7-T1 on 2/19/15 and reduced his pain by 50%. He also has a medial branch block at right C6-7

on 1/15/15 reducing the pain level from 7/10 to 3/10.there is noted reduced sensation in the right arm along with weakness. The injured worker is a status post cervical ACDF fusion from C4-C7 on 8/23/12. The treating diagnosis since these nerve blocks is facet arthropathy, possible radiculopathy verses upper extremity nerve entrapment versus complex regional pain syndrome. The provider has requested authorization of confirmatory medial branch block injection at right C7-T1 and this was denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmatory medial branch block injection at right C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical medial branch block, 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 reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician is asking for a repeat medial branch block. Guidelines do not support repeat medial branch blocks, and instead recommend proceeding to radiofrequency ablation if an initial medial branch blocks is successful. As such, the currently requested cervical medial branch block is not medically necessary.