MAXIMUS Federal Services

Case Number:	CM15-0069674		
Date Assigned:	04/17/2015	Date of Injury:	09/06/2014
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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 58 year old female, who sustained an industrial/work injury on 9/6/14. She reported initial complaints of cervical spine pain. The injured worker was diagnosed as having cervical degenerative disc disease, cervical nucleus pulposus, radiculopathy, and myofascial pain. Treatment to date has included medication, diagnostics, epidural steroid injection, and physical therapy. Currently, the injured worker complains of bilateral neck pain with difficulty with neck flexion and forward position. Per the primary physician's progress report (PR-2) on 3/12/15, the epidural injection gave 70% improvement and less noise with range of motion in the neck. There was also more muscle pain to the upper trapezius region bilaterally. Exam noted tenderness with palpation in the cervical spine region, limited range of motion, Spurling's increased neck pain but no radiation, tender over bilateral cervical facets, tender over levator scapulae muscle and upper trapezius muscles. The requested treatments include bilateral cervical medial branch blocks under fluoroscopy and IV sedation (unspecified level).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical medial branch blocks under fluoroscopy and IV sedation (unspecified level): 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 & Upper Back, Facet Joint 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, it is unclear what levels are being requested, making it impossible to determine if the patient has physical examination findings supporting a diagnosis of facet arthropathy at the proposed levels. Additionally, guidelines do not recommend sedation due to potentially confounding the diagnostic value of the injections. Finally, it appears the patient has symptoms of cervical radiculopathy, and guidelines do not recommend medial branch blocks when cervical radiculopathy is present. In the absence of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.