

Case Number:	CM15-0091658		
Date Assigned:	05/18/2015	Date of Injury:	10/28/2011
Decision Date:	07/13/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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 62 year old male, who sustained an industrial injury on 10/28/2011. The injured worker is currently diagnosed as having previous anterior cervical discectomy and fusion and hardware, hardware malfunction with screw back out and broken screw in the C5 level, and thoracic or lumbosacral neuritis or radiculitis. Treatment and diagnostics to date has included cervical spine computerized tomography scan showed stable post-surgical changes and multilevel degenerative changes, lumbar spine MRI that showed facet hypertrophy with stenosis causing bilateral nerve compression, anterior cervical discectomy and fusion, and medications. In a progress note dated 11/05/2014, the injured worker presented with complaints of anterior neck pain, difficulty swallowing, low back pain, and lumbar radiculopathy down the right leg. Objective findings include a known screw displacement that appears stable on imaging studies. The treating physician reported requesting authorization for cervical medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical medial branch block (MBB) with no sedation on the left side at the C2-C6 levels: 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 Chapter.

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 Outpatient cervical medial branch block (MBB) with no sedation on the left side at the C2-C6 levels, 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 has asked for 4 medial branch levels (corresponding with 3 joint levels), clearly beyond the maximum of 2 joint levels recommended by guidelines. Additionally, it appears that the patient has had a surgical fusion at the proposed level. In the absence of clarity regarding these issues, the currently requested outpatient cervical medial branch block (MBB) with no sedation on the left side at the C2-C6 levels is not medically necessary.