

Case Number:	CM14-0003479		
Date Assigned:	01/31/2014	Date of Injury:	04/27/2011
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male with a reported injury date on 04/19/2011; the mechanism of injury was not provided. The clinical note dated 11/20/2013 noted that the injured worker had complaints that included neck and interscapular pain. Objective findings included cervical spine range of motion measured at 30 degrees of extension, 15 degrees of lateral flexion, 45 degrees of left rotation, 55 degrees of right rotation, and a negative Spurling's maneuver. Additional findings included, symmetric tone and strength of the upper extremities, +2 triceps, biceps, and brachioradialis reflexes, intact sensation to light touch throughout the upper extremities bilaterally, and negative Hoffman's bilaterally. It was noted that the injured worker had a cervical fusion from C5 through T1 on 11/29/2012. The request for a cervical medical branch block left C3, C4, and C5 was submitted on 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE MEDIAL BRANCH BLOCK (MBB) LEFT C3, C4 AND C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: It was noted that the injured worker had complaints that included neck and interscapular pain. Objective findings included cervical spine range of motion measured at 30 degrees of extension, 15 degrees of lateral flexion, 45 degrees of left rotation, 55 degrees of right rotation, and a negative Spurling's maneuver. Additional findings included, symmetric tone and strength of the upper extremities, +2 triceps, biceps, and brachioradialis reflexes, intact sensation to light touch throughout the upper extremities bilaterally, and negative Hoffman's bilaterally. ACOEM guidelines state that invasive techniques are of questionable merit. The Official Disability Guidelines state that facet joint diagnostic blocks may be recommended if there is consistent clinical presentation of facet joint pain. The guideline also state that facet blocks are limited to injured workers with cervical pain that is non-radicular, there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels are injected in one session. Based on the available documentation the medical necessity for a medial branch block of the cervical spine has not been established. Although it was noted that the injured worker had pain to the cervical spine that did not radiate it remains unclear at what actual levels the injured worker is experiencing pain. Furthermore, it remains unclear if the injured worker had received an adequate amount of conservative care. As such this request is not medically necessary and appropriate.