MAXIMUS Federal Services

Case Number:	CM14-0146902		
Date Assigned:	09/12/2014	Date of Injury:	12/12/2013
Decision Date:	10/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/10/2014

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 California. 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 underlying date of injury in this case is 12/12/2013. The date of the utilization review under appeal is 09/04/2014. The treating diagnosis reported on the current request for authorization of 08/13/2014 is herniated nucleus pulposus at several levels in the cervical spine with stenosis. The treating physician saw the patient 08/13/2014 with regard to evaluation of head, neck, low back, midback, and ear symptoms. The patient specifically complained of neck pain, although he denied radiation of pain, numbness, or tingling into his upper or lower extremities. On physical exam the patient was noted to have markedly increased reflexes at the biceps and brachioradialis as well as at the bilateral triceps and patellae. A CT of the thoracic spine of 12/12/2013 demonstrated a T10 fracture. MRI imaging of the cervical spine of 04/29/2014 demonstrated multilevel disc desiccation and disc bulges. An electrodiagnostic study of the upper extremities was normal on 04/14/2014. The patient had decreased motion of the cervical, thoracic, and lumbar spine in all directions with tenderness over the bilateral cervical facets and positive facet loading in the cervical spine. Bilateral medial branch nerve blocks were recommended at C3-4, C4-5, and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral C3-C4, C4-C5 and C5-C6 medial branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck and Upper back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 74.

Decision rationale: ACOEM guidelines, Chapter 8, Neck, page 74, states that invasive procedures, such as intraarticular facet injections, are of no proven benefit in treating neck and upper back symptoms. More guidance can be found in Official Disability Guidelines/Treatment in Workers Compensation/Neck under facet joint diagnostic blocks; this reference recommends diagnostic blocks if the patient has facet joint pain signs and symptoms, and this guideline recommends such blocks at no more than 2 levels. In this case the patient does not clearly have focal facet mediated pain, but rather the patient has diffuse spinal pain with global limitation of cervical range of motion and with increased reflexes. Overall, this suggests a multifocal and multifactorial process and does not suggest the presence of focal facet mediated pain. Additionally, the request at this time is for medial branch blocks at 3 levels, which exceeds the guideline recommendation of no more than 2 levels. For these multiple reasons, the current request is not supported by the treatment guidelines. This request is not medically necessary.