

Case Number:	CM13-0004160		
Date Assigned:	03/21/2014	Date of Injury:	01/30/2010
Decision Date:	04/29/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/29/2013

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 has a subspecialty in Interventional Spine 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:

This is a 36year-old male who was injured on 1/30/10. According to the 5/28/13 pain management report from [REDACTED], he has been diagnosed with cervical pain with radiation down the arm C8 appearance, but no evidence of impingement on MRI or electrodiagnostics; right shoulder pain and crepitus; right cervical tenderness that could be facet mediated secondary to lumbar spondylosis; chronic headaches which could have been exacerbated secondary to above and occipital neuralgia on the right side; hypertension well controlled; minimally overweight. [REDACTED] recommends a cervical medial branch block at C2-3. On 7/9/13 UR recommended non-certification for the facet medial branch block .

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FACET MEDIAL BRANCH BLOCK INJECTION UNDER FLUORO AT C2-C3 WITH [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet Block Section

Decision rationale: The patient presents with neck pain, headaches and right shoulder crepitus. There were subjective complaints of a C8 pattern of radiation, but MRI and electrodiagnostic studies did not show compression. The physician notes tenderness over the cervical facets and requested facet MBB at C2/3. The request appears to be in accordance with MTUS/ACOEM guidelines, as well as in accordance with the more specific Official Disability Guidelines (ODG) criteria for diagnostic cervical branch block injections.