

Case Number:	CM13-0006565		
Date Assigned:	08/15/2013	Date of Injury:	06/01/2008
Decision Date:	01/10/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 06/01/2008. The reference diagnosis is cervical radiculopathy and C5-6 disc bulge. The patient is 48 years old and injured both his neck and low back in this injury. An initial physician review noted that the patient had received conservative and injection therapy and was being treated pharmacologically including Cialis, Cymbalta, ibuprofen, and Tylenol with codeine. He had been treated with a Butrans patch, and that was replaced with Topamax. That physician review noted that overall the patient had a neck injury and ongoing chronic pain and noted that an agreed medical examiner had previously recommended against cervical facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal Rami Diagnostic Blocks at C2-3, C3-4, C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The ACOEM Guidelines, Chapter 8 Neck, page 174, states, "Invasive techniques, e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints...have no proven benefit in treating acute neck and upper back symptoms." The medical records from the treating physician do not provide an alternate rationale as to why this treatment would be effective in contrast to ACOEM Guidelines. Overall, the medical records and the guidelines do not support this request. The request for Dorasal Rami Diagnostic Blocks at C2-3, C3-4, C5-6 is not medically necessary and appropriate.