

Case Number:	CM13-0009369		
Date Assigned:	11/01/2013	Date of Injury:	08/12/2009
Decision Date:	02/06/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

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 patient is a 55-year-old male who reported a work-related injury on 08/12/2009 as a result of strain to the left upper extremity. The clinical note dated 09/26/2013 reports the patient presents for treatment of the following diagnoses: Cervical spondylosis with myelopathy, degenerative cervical intervertebral disc, postlaminectomy syndrome to the cervical region, cervicogenic, cervicocranial syndrome, brachial neuritis, lumbago, thoracic lumbosacral neuritis, spasm of muscle, and unspecified myalgia and myositis. The clinical note reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with continued low back pain and cervical spine pain that radiates into the shoulder, down the arms, and into the hand, left greater than right. Upon physical exam of the patient, the provider documented limited range of motion was noted about the cervical spine. Facet tenderness was additionally noted to the left. Radicular pain was noted on the left with difficulty on 2-point discrimination. The patient's grip strength was 4/5. The provider documented the patient's medication regimen included Fentanyl patch, Nucynta IR, Cymbalta, and Xanax

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Medical Branch Block at C2, C3, C4 and C5: 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 & Upper Back Chapter-facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with cervical spine pain complaints status post a work-related injury sustained in 2009. The provider documents the patient presents with cervical radiculopathy symptoms. California MTUS/ACOEM do not specifically address the current request; however, Official Disability Guidelines indicate the requested injection therapy is limited to patients with cervical pain that is nonradicular in origin and at no more than 2 levels bilaterally. Given all of the above, the request for outpatient medial branch block at C-2, C-3, C-4, and C-5 is not medically necessary nor appropriate.