

Case Number:	CM13-0014968		
Date Assigned:	10/09/2013	Date of Injury:	06/20/2006
Decision Date:	01/22/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/22/2013

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery 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 51-year-old female who sustained a work-related injury on 06/20/2006. The most recent evaluation dated 07/08/2013 documented subjective complaints by the patient of ongoing neck and low back pain which the patient rated as 5-6/10. The patient also reported the use of Norco and Voltaren gel decreased her pain and increased her function. Objective findings revealed tenderness to palpation over the cervical and lumbar paraspinals, decreased range of motion of the cervical spine, decreased sensation to the right C6, C7, and C8 dermatomes, and positive facet loading on the left with tenderness to palpation over the facet region. MRI of the cervical spine revealed bilateral facet joint changes at C5-6, as well as at C6-7. Treatment plan included a request for diagnostic medial branch block on the left at C4-5, C5-6, and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic medial branch block left C4-C5, C5-C6, and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 198-301. Decision based on Non-MTUS Citation ODG Low Back

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, Facet joint diagnostic blocks

Decision rationale: The Official Disability Guidelines indicate that medial branch blocks are supported for those patients who have exhausted and failed lower levels of conservative care prior to the procedure for at least 4-6 weeks with examination findings consistent with facet joint pain signs and symptoms. The clinical documentation did not indicate the patient has failed 4-6 weeks of conservative care or that the patient had examination findings consistent with facet joint pain as the patient is noted to have decreased sensation in the right C6, C7 and C8 dermatomes. Given the above, the request for diagnostic medial branch block left C4-5, C5-6, and C6-7 is non-certified.