MAXIMUS Federal Services

Case Number:	CM13-0015583		
Date Assigned:	01/31/2014	Date of Injury:	11/11/2005
Decision Date:	04/22/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

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 Pain Medicine, 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 injured worker is a 43 year-old female with a date of injury of November 11, 2005. The patient has been treated for upper back and neck pain and carries a diagnosis of cervical disc protrusion at C5-6, C6-7, as well as cervical facet arthropathy. Conservative treatments have included a full course of physical therapy followed by home exercises, oral pain medications, TENS unit, and topical medications including compounded analgesic and Flector. A utilization review determination on July 31, 2013 had denied the request for bilateral medial branch nerve blocks at C2 and C3. The utilization reviewer specified that there was "no recent clinical assessment documented findings suggestive of facet mediated pain and excluding radicular pain." The patient in the past had documentation of neurologic deficits and the official disability guidelines specify that facet injections or medial branch blocks are not indicated in patients with radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL BRANCH NERVE BLOCK, C2, C3: 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)- TREATMENT IN WORKER'S COMPENSATION, ONLINE EDITION, NECK AND UPPER BACK CHAPTER, FACET JOINT DIAGNOSTIC BLOCKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175,Chronic Pain Treatment Guidelines CODE OF REGULATIONS Page(s): 4.

Decision rationale: The physical examination associated with this request on date of service July 14, 2013 does not indicate why the highs cervical facet joints were chosen as the diagnostic targets. The physical examination does not specify positive facet loading maneuvers in this particular area. Given this, this request is recommended for non-certification.