

Case Number:	CM13-0029008		
Date Assigned:	11/27/2013	Date of Injury:	04/09/2013
Decision Date:	02/10/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/24/2013

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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.

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 33-year-old female who has complaints of chest wall pain, left shoulder and arm pain. The patient reports on the day of the accident (4/9/13), she was loading a cart and in the due process, she started to notice discomfort in the chest wall area as well as in the left arm. The patient thought that the symptoms would improve, but since they continued to bother her, she reported this to her employer. Examination of the Bilateral Upper Extremities-dated 9/4/13 revealed No erythema, swelling or warmth of the bilateral wrist or the elbow joints noted. Passive ranges of motion of the wrist and elbow joints were within normal limits. Tender areas could be noted over the left acromioclavicular joint area as well as the sternoclavicular junction. Bilateral shoulder abduction was about 100 to 110 degrees. Examination of the neck reveals cervical paraspinal muscle spasm with tender areas over the left trapezius and supraspinatus muscles. Neck flexion and extension are about 60 to 70%. Neurological Examination of the Upper Extremities Visual Inspection: There is no edema, erythema, muscle atrophy or dystrophy. Sensory Examination: Sensation is normal in both upper and lower extremities over all dermatomes. Motor Strength Examination - Normal 5/5 in bilateral: Shoulder abductors; Elbow flexors; Elbow extensors; Wrist flexors; Wrist extensors; Finger abductors .Deep Tendon Reflexes 2/4 bilateral biceps, triceps, brachioradialis and lower extremities Special Tests: including Phalen's test;Tinel's sign;Hoffman test;Finkelstein's test- all negative Motor Strength Examination 5/5 bilateral Ankle dorsi flexors; plantar flexors; Extensor hallucis function; The patient's gait is normal on the tip toes and heels. Per 8/15/13 document: Electrodiagnostic studies of the left upper extremity have been unremarkable with respect to Peripheral nerve entrapment and/or evidence of active cervical radiculopathy. The patient's left shoulder MRI has been unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4, C4-5 and C5-6 facet joint medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: The Physician Reviewer's decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. The request for a C3-4, C4-5 and C5-6 facet joint medial branch block is not medically necessary or appropriate.