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| Case Number: | CM13-0038628 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/17/2011 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

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 Neurology, has a subspecialty in Neuromuscular 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 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 claimant is a 62-year-old woman who sustained a work-related injury on January 17, 2011. Subsequently the patient developed chronic neck pain. She was diagnosed with sprain of the neck. She was also reported to have shoulder pain. According to the progress notes of October 2013, her physical examination was significant for positive Tinel's and Phalen's test. There is no documentation neck pain or reduce cervical spine range of motion. The patient was treated with pain medication and spinal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 right medial branch block injection for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, ODG Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, facet injection of corticosteroids and diagnostic blocks for neck pain. Epidural injection is indicated to avoid surgery. There is no clear evidence from the most recent patient note that she has a neck or facet pain. There is no

documentation of a strategy to avoid surgery. Therefore, the 1 right medial branch block injection for cervical spine is not medically necessary.