

Case Number:	CM13-0045010		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2011
Decision Date:	03/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 38 year old female who reported an injury on 06/20/2011 due to her arm being pulled on by a patient, which reportedly caused injury to her neck and right arm. The patient was treated conservatively with physical therapy and nonsteroidal anti-inflammatory drugs. The patient underwent surgical intervention of the right shoulder for a SLAP lesion repair in 06/2013. It was noted within the submitted documentation that the patient had previously undergone a neurotomy with good results. The patient's most recent clinical evaluation revealed facet-mediated pain upon palpation to the C2-3 and C6-7 levels with restricted range of motion secondary to pain. The patient's diagnoses included occipital neuralgia, shoulder pain, cervicalgia, cervical facet arthropathy and chronic pain due to trauma. The patient's treatment plan included cervical facet joint nerve blocks at the C2-3 and C6 levels with continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

R C2-3, 3rd Occipital Nerve TON, C6 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, facet joint therapeutic steroid injections section.

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, FacetBlocks, diagnostic.

Decision rationale: The right C2-3, third occipital nerve TON, C6 medial branch block is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously underwent a neurotomy in the cervical region. The Official Disability Guidelines do recommend medial branch blocks to identify specific pain generators to determine the need for radiofrequency ablation. The clinical documentation submitted for review does provide evidence that the patient already underwent a neurotomy in the cervical spinal area. However, the level of that neurotomy and quantitative assessment of pain relief and functional benefit were not provided. Therefore, the need for a medial branch block at the C2-3, third occipital nerve TON, C6 medial branch block cannot be determined. As such, the requested right C2-3, third occipital nerve TON, C6 medial branch block is not medically necessary or appropriate.