

Case Number:	CM13-0048002		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2010
Decision Date:	04/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 25-year-old female who reported an injury on 10/30/2010. The patient reportedly strained her left shoulder while using a Hoyer lift. The patient is currently diagnosed with degenerative disc disease in the cervical spine, chronic pain due to trauma, muscle spasms, cervical radiculopathy, spinal stenosis, facet arthropathy, herniated nucleus pulposus, neck pain, and myalgia/myositis. The patient was seen by [REDACTED] on 10/24/2013. The patient reported ongoing pain. Physical examination of the cervical spine revealed tenderness to palpation, decreased sensation on the left, and normal strength. Treatment recommendations included an appeal request for left C2, C3 medial branch nerve blocks and occipital nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Left Diagnostic C2-3 Medial Branch Block and Third Occipital Nerve Blocks:
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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks and Neck & Upper Back Chapter, Greater occipital nerve block.

Decision rationale: California MTUS Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state facet joint injections are recommended for patients with clinical presentation of facet mediated pain that is non-radicular. Greater occipital nerve blocks are currently under study for the treatment of occipital neuralgia and cervicogenic headaches. As per the documentation submitted, there is no evidence of a recent failure of conservative treatment including home exercise, physical therapy and NSAIDs. There is no documentation of cervicogenic headaches. The patient does not demonstrate signs or symptoms of facet mediated pain upon physical examination. There were no imaging studies submitted for review. As per the documentation submitted, the patient does not currently meet criteria for the requested procedures. Based on the clinical information received, the request is non-certified.