

Case Number:	CM13-0050237		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2011
Decision Date:	02/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/11/2013

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 Texas. 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 40-year-old female who reported an injury on 03/30/2011. The patient's treatment history include activity modification, physical therapy, medications, a medial branch block at the C4-5 and C5-6, and a lumbar medial branch block followed by a radiofrequency ablation, and acupuncture. The patient's most recent clinical evaluation documented that the patient had 75% pain relief from the medial branch block at the C4-5 and C5-6 facet joints in 09/2013. The patient's diagnoses included neck sprain with degenerative disease and weakness of the right grip and radiculopathy. An additional medial branch block at the left C4-5 and C5-6 was requested prior to radiofrequency ablation as a confirmatory measure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block left C4-C5 and C5-C6: 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: 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, section on Facet Joint Injections.

Decision rationale: The Official Disability Guidelines recommend 1 set of diagnostic medial branch blocks if there is a response of greater than 70% pain relief prior to radiofrequency ablation. The clinical documentation submitted for review does indicate that the patient previously received a medial branch block at the requested level with 75% pain relief. Therefore, the need for an additional medial branch block is not indicated. As such, the requested cervical medial branch block at the left C4-5, C5-6 is not medically necessary and appropriate.

Celebrex 200mg #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 60,67.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of medications in the management of a patient's chronic pain be supported by a quantitative assessment of symptom relief and documentation of functional benefit. The clinical documentation submitted for review does not support the use of this medication as there is no quantitative assessment of pain relief resulting from medication usage and there is no documentation of functional benefit as the result of medication usage. Additionally, the requested 3 refills does not allow for timely re-evaluation and reassessment of the efficacy of this medication. As such, the requested Celebrex 200 mg #30 times 3 refills is not medically necessary and appropriate.