

Case Number:	CM13-0054948		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	05/02/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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 expert 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 44-year-old female who was injured on October 17, 2012. The patient continued to experience pain in her neck, left shoulder, mid back, lower back, and back of her thighs. Physical examination was notable for trigger points, positive cervical facet loading maneuver bilaterally, normal motor function in all extremities, and normal sensory function in all extremities. Diagnoses included cervical radiculopathy, cervical facet arthropathy, bilateral greater occipital nerve neuralgia, and bilateral sacroiliitis. Treatment included medications, physical therapy, and psychotherapy. Requests for authorization for bilateral block C4-5 and C6-7 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL BLOCK C4-5, C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Facet joint therapeutic blocks are not recommended. Branch blocks if given should only be given when clinical presentation is consistent with facet joint pain, signs and symptoms. In this case the request for medial branch block was accompanied by request for cervical epidural steroid injection. The patient received the epidural steroid injection on October 29, 2013. The provider was waiting to determine the effects of the epidural steroid injection prior to performing the medial branch blocks. Medical necessity for the branch blocks has not been established. The request should not be authorized.