

Case Number:	CM13-0055323		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2006
Decision Date:	04/30/2014	UR Denial Date:	11/01/2013
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 58-year-old female who was injured on April 4, 2006. The patient continued to experience pain in her neck. Physical examination was notable for patchy decreased sensation in the bilateral C6 in the median nerve distribution and mild depression in the right biceps reflex. Diagnoses included right-sided radicular syndrome, disc bulging at C5-6, right rotator cuff tendonitis, right medial epicondylitis, and bilateral carpal tunnel syndrome. Treatment included Request for authorization for C4-C7 medial branch block was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 RIGHT CERVICAL MEDIAL BRANCH BLOCK
C4-C7 RIGHT CERVICAL MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: Medial branch block is a facet joint steroid injection. This procedure is not addressed in California Medical Treatment Utilization Schedule (MTUS) guidelines. Per Official Disability Guidelines (ODG) this procedure is not recommended. If used there should be no evidence of radicular pain. In this case the patient has sensory loss in the C6 distribution and was

diagnosed with right-sided radicular syndrome by the first treating physician. The second treating physician diagnoses the patient with cervical facet syndrome. The diagnosis of facet syndrome is not clear. This procedure is not recommended. The request should not be authorized.