MAXIMUS Federal Services

Case Number:	CM13-0058840		
Date Assigned:	02/03/2014	Date of Injury:	04/26/2012
Decision Date:	05/08/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 74 year old female who reported and injury on 04/25/2012 due to cumulative trauma while performing normal job duties, the injured worker sustained injury to her cervical spine and left shoulder. The injured worker's treatment history included activity modifications, ergonomic work station modifications, physical therapy, medications, and a left-sided medial branch block at the C3, C4, and C5 levels. The injured worker was evaluated on 06/25/2013 and it was reported that the injured worker had about 75% pain relief for approximately 2 to 3 hours after the left-sided C3, C4, C5 medial branch blocks. Physical findings included limited range of motion of the cervical spine due to pain, tenderness to palpation over the cervical facets on the right and left, with no evidence of radicular findings. The injured worker's diagnoses included cervical spondylosis without myelopathy, degeneration of the cervical intervertebral disc, spinal stenosis in the cervical region, headaches, hypertension, and high cholesterol. The injured worker's treatment plan included a right-sided medial branch block at the C3, C4, C5 and a request for authorization for a left-sided radiofrequency ablation. The injured worker was again evaluated on 01/02/2014. It was documented that the injured worker had no spinous process tenderness of the cervical spine and paraspinal muscle tenderness with trigger points and decreased range of motion secondary to pain. The injured worker's treatment plan at that time included a referral to a specialist and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC MEDIAL BRANCH BLOCK FOR RIGHT C3,C4,C5 UNDER FLUROSCOPY: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Injections (Diagnostic)

Decision rationale: The requested diagnostic medial branch block for right C3, C4, C5 under fluoroscopy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends medial branch blocks for patients who have facet mediated pain that has failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker had facet mediated pain that responded previously to a left-sided medial branch block. The evaluation dated 01/02/2014 did not document any facet mediated pain that would benefit from a medial branch block. As there are conflicting physical findings, the appropriateness of this request cannot be determined. As such, the requested diagnostic medial branch blocks for the right C3, C4, C5 under fluoroscopy is not medically necessary or appropriate.