

Case Number:	CM13-0061259		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2012
Decision Date:	05/07/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 32 year old female with date of injury 5/21/12. The treating physician report dated 10/22/13 indicates that the patient presents with bilateral neck pain, occipital headaches, thoracic spine pain and chest wall pain and bilateral lower back pain. The current diagnoses are: 1.Cervical spondylosis without myelopathy 2.Unspecified myalgia and myositis The utilization review report dated 11/15/13 denied the request for diagnostic right cervical facet block at C2,3,4,5 based on lack of medical documentation to support the injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC RIGHT CERVICAL FACET BLOCK AT C2,3,4,5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE 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 CHAPTER, FACET JOINT DIAGNOSTIC BLOCKS

Decision rationale: The patient presents with chronic neck pain and occipital headaches. The current request is for Diagnostic Right Cervical Facet Block at C2,3,4,5. The treating physician examination findings include, "Tenderness over right greater than left upper and middle cervical facet joints." The MTUS guidelines do not address cervical facet joint block injections. The ODG guidelines state specifically the criteria used for diagnostic blocks for facet joint pain include, "No more than 2 joint levels are injected in one session." The current request is for 4 levels of dorsal median branch blocks representing 3 facet joint levels. This exceeds the guideline recommendations. Recommendation is for denial.