

Case Number:	CM13-0062785		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2008
Decision Date:	04/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 01/28/2008. The mechanism of injury was not submitted. The patient was diagnosed with torn glenoid labrum, left shoulder, secondary to industrial injury; status post arthroscopy; sprain/strain of the cervical spine with disc bulges; and sprain/strain of the lumbosacral spine with mild disc bulging and facet hypertrophy at L3-4 and L4-5. The patient has had MRI scans, x-rays, acupuncture, injections, and physical therapy. The patient underwent left shoulder arthroscopy on 07/09/2009. The patient continued to complain of constant sharp burning aching pain in the neck, lower back, and bilateral shoulders, left greater than right. The patient rated her neck pain at 9/10; lower back pain 8/10; shoulder pain 8/10. The patient is being treated with hydrocodone, Motrin, Tramadol, sleep aid, and Xanax. The physical examination of the shoulders was normal. The physical examination of the cervical spine was normal. Muscle strength of the upper extremities was 5/5. The physical examination of the lumbar spine was also normal. Muscle strength of the lower extremities was 5/5. The patient was recommended a right medial branch block at C3, C4, C5, and C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT MEDIAL BRANCH BLOCK C3, C4, C5, C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet Joint therapeutic steroid injections

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state while not recommended, criteria for medial branch blocks if used anyway should include no evidence of radicular pain, spinal stenosis, or previous fusions. While performing therapeutic blocks, no more than 2 levels may be blocked at any time. The patient complained of neck pain, bilateral shoulder pain, and low back pain; however, no objective clinical documentation was submitted for review indicating a failure of conservative therapy. Given the lack of documentation to support Guideline criteria, the request for right medial branch block C3, C4, C5, C6 is non-certified.