

Case Number:	CM13-0067485		
Date Assigned:	01/03/2014	Date of Injury:	04/12/2013
Decision Date:	06/05/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 and is licensed to practice in Illinois. 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 62-year-old female who reported an injury on 04/12/2013 after being struck in the head with a soccer ball on the playground. The injured worker underwent a CT scan of the head on 04/12/2013 that documented normal findings. The injured worker underwent an MRI of the lumbar spine on 06/19/2013 which documented a 2 mm anterolisthesis at the C3 over the C4 with a disc bulge at the C5-6 level and the C6-7 level effacing the thecal sac. The injured worker's conservative treatments included medications and chiropractic care. The injured worker was evaluated on 09/16/2013. It was documented that the injured worker had significantly limited range of motion of the cervical spine secondary to pain with tenderness of the bilateral paraspinal musculature and trapezius. It was documented that there was severe tenderness over the nerve roots of the bilateral cervical spine. It was documented that the injured worker had mild grade IV weakness of the right upper extremity. The injured worker's diagnoses included mild degenerative disc disease of the cervical spine, degenerative cervical disc disease, brachial neuritis/radiculitis, displaced cervical intervertebral disc and cervical spinal stenosis. The injured worker's treatment plan included consideration of epidural steroid injections and cervical medial branch blocks to determine the appropriateness of radiofrequency ablation for this injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT CERVICAL MEDIAL BRANCH BLOCK AT C3, C4, C5, C6:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK, FACET INJECTIONS (DIAGNOSTIC).

Decision rationale: The requested outpatient left cervical medial branch blocks at the C3, C4, C5, and C6 are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically identify treatment parameters for medial branch blocks. Official Disability Guidelines recommend medial branch blocks for injured workers who have well documented facet mediated pain that has failed to respond to conservative treatments in the absence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has radiculopathy. Additionally, there is no documentation of facet mediated pain at the C3, C4, C5, or C6. Official Disability Guidelines also recommend no more than 2 nerve root levels be addressed at 1 time. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested outpatient left cervical medial branch block at the C3, C4, C5, C6 is not medically necessary or appropriate.