

Case Number:	CM13-0072598		
Date Assigned:	01/08/2014	Date of Injury:	04/12/2010
Decision Date:	05/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopedic Surgery 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 injured worker is a 35 year old male who reported an injury on 04/12/2010 of unknown mechanism. The clinical report dated 11/21/2013, indicated the injured worker reported chronic pain in the neck, upper back, right shoulder and down the right arm that he rated on a pain scale 6/10. On physical exam to the shoulder, there was tenderness over the acromioclavicular joint, positive impingement sign and crepitus with range of motion. The cervical spine area was tender and the paraspinal muscle had spasms. There were positive trapezial tenderness and spasming. The injured worker also had decreased range of motion to the cervical spine secondary to pain. The official MRI of the cervical spine dated 11/05/2013 findings indicated, straightened appearance of the cervical spine with loss of lordosis. Otherwise, normal MRI of the cervical spine. The medication regimen is naproxen, prilosec, theramine and the use of topical analgesics. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCKS TOTHE C5-6 AND C6-7 LEVELS BILATERALLY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 174-175. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Facets Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 173.

Decision rationale: The request for medial branch blocks to the C5-6 and C6-7 levels bilaterally is non-certified. The clinical report dated 11/21/2013, indicated the injured worker reported chronic pain in the neck, upper back, right shoulder and down the right arm that he rated on a pain scale 6/10. American College of Occupational and Environmental Medicine Guidelines state invasive techniques to include facet joint injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines (ODG) indicate clinical presentation should be consistent with facet joint pain, signs and symptoms. Guidelines also state there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There is no documentation of conservative measures on the clinical notes dated 11/21/2013, other than naproxen. The injured worker did not have any significant evidence of facet mediated pain on physical examination. Therefore, the request for medial branch blocks to the C5-6 and C6-7 levels bilaterally is not medically necessary and appropriate.