

Case Number:	CM14-0001077		
Date Assigned:	06/11/2014	Date of Injury:	07/09/2013
Decision Date:	07/14/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 59 year old male with reported injury on 07/09/2013 caused by gripping a cooler and losing balance hitting top of head on door of vehicle. The injured worker had an exam on 03/31/2014. He complained of pain to left side of neck more than the right, radiating to shoulder. The injured worker stated the pain is mild and that he no longer needed his pain medication. The injured worker is currently working full time. The exam showed test values positive bilaterally for facet loading and empty can test. He had an MRI done on 09/06/2013 that showed evidence of C5-6 disc bulge and neural foramen on left side, mild left/right impingement resolved, and status post accident with whiplash type injury. There was a lack of documentation on pain assessments and home exercise program. There was lack of documentation on physical therapy sessions received prior. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C3 TO C6 MEDIAL BRANCH BLOCK FOR DIAGNOSTIC PURPOSES: 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 joint diagnostic block.

Decision rationale: The request for left C3-C6 medial branch block for diagnostic purposes is non-certified. The Official Disability guidelines do not recommend in patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The injured worker stated that the pain is mild and no longer needs any pain medication. The Official Disability guidelines also recommend documentation of failure of conservative treatment such as howm exercise, physical therapy, medications, prior to the procedure for atleast four to six weeks. There was a lack of recent documentation on any conservative treatment. Therefore the request for medial branch block for diagnostic purposes is non-certified.