MAXIMUS Federal Services

Case Number:	CM14-0001560		
Date Assigned:	01/22/2014	Date of Injury:	04/06/2010
Decision Date:	09/04/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, has a subspecialty in Pain Med and Manipulation 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 65 year old female with date of injury on 4/6/2010. She was employed as a transit operator and sustained a motor vehicle accident. The patient is diagnosed with cervical facet syndrome, cervical pain, lumbar facet syndrome, shoulder pain, low back pain, and hip bursitis. The Utilization Review (UR) dated 12/27/13 reviewed the 12/19/13 report and recommended to non-certify the request for cervical medial branch block to the right C4 through C6 levels per report dated 12/19/13 as the nature and outcome of prior conservative treatment was not specified. The 12/19/13 report notes that the patient was seen on 10/17/13 at which time she complained of pain in the neck, right shoulder, and low back and right hip. Examination of the cervical spine revealed limited ROM due to pain, tenderness over the trapezius as well as tenderness and hypertenocity in the right paravertebral muscles, left lateral flexion pain and positive cervical facet loading. The physician notes that the patient has undergone several conservative modalities including medications and physical therapy. (11/14/13 report notes that left lateral flexion refers to the right neck) Agreed Medical Evaluators (AME) re-evaluation dated 1/22/14 noted the need for right shoulder replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MEDICAL BRANCH BLOCK TO THE RIGHT C4 THROUGH C6 LEVELS PER REPORT DATED 12/19/13, QUANTITY: 2.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms.

Decision rationale: The medical records submitted for review indicate the presence of cervical facet mediated pain that has not responded to conservative care management. As such, the request for cervical medial branch block to the right C4 to C6 is medically necessary and appropriate.