

Case Number:	CM14-0004593		
Date Assigned:	02/05/2014	Date of Injury:	03/05/2012
Decision Date:	07/14/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/10/2014

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 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 44 year old female worker who reported an injury on 03/05/2012 when she tried to prevent a patient from falling. The injured worker assessed her pain to the cervical spine at 7/10. The physician diagnosed the injured worker with chronic posterior cervical pain, left greater than right; frequent headaches, left greater than right; left perispular pain status post work related injury. The injured worker was prescribed Relpax, Norco, Motrin, Lisinopril, Levora and Biofreeze. On 12/19/2013, the surgeon performed a dorsal rami diagnostic block of the cervical spine at left C2, C3 and C5 under fluoroscopy. Following surgery, the injured worker reported her pain had decreased from 7/10 to 1/10. The injured worker's physician now wishes to repeat the procedure; the rationale is to determine if the drop in pain to the cervical spine was a placebo effect or if the injured worker was responding to local anesthesia. The request for authorization form was signed and dated on 01/02/2014 and submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT DORSAL RAMI DIAGNOSTIC BLOCKS OF THE CERVICAL SPINE AT LEFT C2, C3, AND C5 UNDER FLUOROSCOPY: 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) Facet Joint Diagnostic Block.

Decision rationale: The request for repeat dorsal rami diagnostic blocks of the cervical spine at C2, C3, and C5 under fluoroscopy is not medically necessary. Official Disability Guidelines for facet joint diagnostic blocks state one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. The injured worker reported cervical spine pain had diminished from 7/10 to 1/10 and was able to be transported from the surgical wing via wheel chair. Since the procedure was successful, the guidelines indicate one test is all that is necessary to proceed to the facet neurotomy. As such, the request is not medically necessary.