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| Case Number: | CM14-0108193 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 07/10/2009 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 80-year-old female was reportedly injured on 7/10/2009. The most recent progress note, dated 8/20/2014, indicated that there were ongoing complaints of neck and left upper extremity pains. The physical examination demonstrated the patient with a normal gait, without a device. Cervical spine on physical examination of the paravertebral muscles with tight muscle bands and trigger point; a twitch response was obtained along with radiating pain on palpation as noted on the left side. Spurling's maneuver caused radicular symptoms on the left. No recent diagnostic studies are available for review. Previous treatment included medications, TENS unit, and conservative treatment. A request had been made for medial branch block of the cervical spine at left C3-C4 and C4-C5 and was not certified in the pre-authorization process on 6/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left C3-C4, C4-C5 Medical Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG -

TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck & Upper Back (Acute & Chronic) - Facet Injections (updated 08/04/14).

Decision rationale: MTUS/ACOEM practice guidelines do not recommend for or against cervical median branch blocks. ODG supports one cervical medial branch block for non-radicular pain after failure of conservative treatment, but no more than 2 levels are to be injected in one procedure. The injured worker has neck pain that radiates into the left upper extremity. The physical examination shows a positive Spurling's maneuver, which causes radicular symptoms on the left. Guideline criteria includes nonradicular pain after failure of conservative treatment. There is limited documentation of failure of conservative treatment, as well as lack of documentation of facet joint pain. Therefore, the request for this procedure is deemed not medically necessary.