

Case Number:	CM14-0108886		
Date Assigned:	08/08/2014	Date of Injury:	09/28/2009
Decision Date:	10/13/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 48 year-old female was reportedly injured on September 28, 2009. The mechanism of injury is noted as a sudden onset of pain that occurred while cutting fruit. The injured employee noted a "pop sound" in her neck. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of neck pain with radiation into the bilateral upper extremities. It is noted as pain as a present for approximately 5 years. The past medical history is significant for alcoholism, drug abuse, depression and tobacco use. The physical examination demonstrated a normal neurologic assessment. Motor function is described as 5/5, sensory is intact, and a non-antalgic gait pattern is reported. Diagnostic imaging studies objectified degenerative disc disease and cervical spinal stenosis. Previous treatment includes physical therapy, multiple medications, chiropractic care and other pain management interventions. A request had been made for medial branch blocks and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4,5,6,7 Medial Branch Block x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Neck & upper back chapter , facet joint diagnostic blocks section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) PRF, page 102/127

Decision rationale: As noted in the guidelines, there is no specific recommendation for or against a facet joint block. However, there is an indication that these not be pursued when there is evidence of radiculopathy. The records reflect that there is electrodiagnostic evidence of a radiculopathy. Furthermore, such injections should of the compass of more than 2 levels of this request for exceed that parameter. Therefore Right C4, 5, 6, 7 Medial Branch Block x2 is not medically necessary.