

Case Number:	CM14-0013518		
Date Assigned:	06/02/2014	Date of Injury:	09/25/2009
Decision Date:	10/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida and New York. 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 54 year old female injured on September 5, 2009 due to a stack of boxes falling on the left shoulder while working. The most recent progress note by pain management specialist, dated January 9, 2014, indicates the injured worker presents with continued complaints of chronic neck pain. The injured worker also experiences pain on the left and right shoulders. Neck pain is constant with weakness and stiffness. An epidural steroid injection provided temporary relief. Pain level is 7/10 on the visual analog scale, with medications. Diagnoses include bilateral cervical facet syndrome, cervical spondylosis with myelopathy, mechanical neck pain, and headaches. Past therapies include bed rest, activity modification, heat/ice application, chiropractic treatment, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, muscle relaxants, and anti-inflammatories with no significant benefit. Current pain medication, Norco 5/325mg. Physical exam of the cervical spine revealed tenderness at C3-C6, bilaterally, pain worsens with extension, side bending and rotation of the cervical spine, range of motion very limited, and no cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 Medial Branch Block under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 194.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Cervical Facets, Medial Branch Block.

Decision rationale: On 01/09/14 this injured worker had signs and symptoms of cervical facet disease and cervical facetogenic pain. A previous review concluded that this request was certified. Indeed the claimant did have on 01/09/14 signs and symptoms commensurate with presumed cervical facetogenic pain and this procedure was medically necessary at that time. Since the most recent note documenting the condition was 01/09/14, nine months prior to this review, it is the opinion of this reviewer that there is no support for the necessity of this request at this time and therefore the request is not medically necessary.