

Case Number:	CM14-0116140		
Date Assigned:	08/04/2014	Date of Injury:	01/15/2009
Decision Date:	09/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59-year old female whose date of injury is 01/15/2009. The mechanism of injury is described as repetitive motion with job duties. Treatment to date includes physical therapy and chiropractic. Visit note dated 06/19/14 in that the injured worker complains of neck pain, upper back pain, low back pain, right shoulder pain and right hand pain. On physical examination cervical range of motion is restricted with flexion limited to 30 degrees, extension limited to 10 degrees, lateral rotation to the left 60 degrees and to the right 30 degrees. There is cervical facet tenderness noted C2 through C7. Manual motor testing is 4/5 bilateral upper extremities and grip is 4-/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet nerve block (site: C2-C3, C3-C4 and C4-C5, right side) QTY:3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck and Upper Back, Facet joint pain, signs & symptoms and Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: Based on the clinical information provided, the request for cervical facet nerve block C2-3, C3-4 and C4-5 right side is not recommended as medically necessary. The request is excessive as the Official Disability Guidelines note that no more than two levels should be performed. Additionally, the injured worker's physical examination fails to establish the presence of facet-mediated pathology. Therefore, in accordance with the Official Disability Guidelines Neck and Upper Back Chapter, the Cervical facet nerve block (site: C2-C3, C3-C4 and C4-C5, right side) quantity: 3 is not medically necessary.