

Case Number:	CM14-0133675		
Date Assigned:	08/27/2014	Date of Injury:	09/26/2011
Decision Date:	10/22/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in California. 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:

This injured worker's date of injury is 09/26/2011. This patient receives treatment for chronic neck pain and occipital neuralgia which cause posterior headache pain. On exam the patient has tenderness of the posterior neck region, the inter scapular region, and down to the hand and fingers. Tinel's, Adson's, and Spurling's tests are positive. Electromyography, nerve conduction, and evoked response testing on 03/27/2014 were all normal. A neck MRI on 05/05/2014 did not show any spinal cord compression. On 06/27/2014 and 07/25/2014 the patient underwent cervical ESIs at C7-T1. The patient's medications include: Duexis 800 mg, Soma, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet and medial branch block at C4-5 and C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, online version, Therapeutic Facet Joint Injections and Diagnostic Blocks (Intra-articular and Nerve 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 (Acute and Chronic), Facet joint diagnostic blocks

Decision rationale: The treating physician recommends performing a cervical medial branch block at C3-C5 for cervical facet syndrome and occipital neuralgia. The patient has already undergone two ESIs. The medical documentation does not make clear what the results of the previous two ESI's were. In addition, the electrophysiologic results do not confirm a cervical radiculopathy. Based on the clinical treatment guidelines, these additional procedures are not medically indicated.