

Case Number:	CM14-0154133		
Date Assigned:	09/23/2014	Date of Injury:	02/20/2010
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational 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 patient is a 46 year old female who developed chronic cervical and low back pain subsequent to an injury dated 2/20/10. She has been diagnosed with cervical spondylosis and has had a C6-7 fusion with minimal pain relief. On several evaluations she is reported to have tenderness over the C3-5 facet joints with increased pain with extension. Electrodiagnostic studies are negative for a measureable radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-4, C5-6 medial branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Facet Joint Diagnostic Blocks

Decision rationale: MTUS Guidelines note that facet blocks are supported for the cervical spine. ODG Guidelines provided additional details regarding the qualifying circumstances to justify diagnostic facet blocks. This patient appears to meet the recommended Guideline standards for

diagnostic facet blocks. The requested C3-4, C5-6 facet medial branch blocks are medically necessary.