

Case Number:	CM14-0158031		
Date Assigned:	10/01/2014	Date of Injury:	08/22/2009
Decision Date:	11/19/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 45 years old male with an injury date on 08/22/2009. Based on the 08/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical disc disease 2. Cervical radiculitis 3. Neck pain 4. Carpal Tunnel Syndrome According to this report, the patient complains of increase neck pain and spasm. Physical exam reveals restricted cervical range of motion. Decreased sensation to light touch is noted over the C6 dermatome. EMG/NCV test dated 06/11/2012 reveals bilateral carpal tunnel syndrome. The report was not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 09/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/06/2014 to 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Block C5-C6, C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back, 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) ODG guidelines; neck chapter under Facet joint signs and symptoms

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with increase neck pain and spasm. The treater is requesting cervical facet block C5-C6 and C6-C7. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. Review of reports do not show any evidence of prior Medial Branch Block being done in the past. The patient has decreased sensation over the C6 dermatome and was diagnosed with cervical radiculitis. In addition, physical exam does not indicate the patient has paravertebral facet tenderness. Therefore, the requested Cervical Facet Block C5-C6, C6-C7 is not in accordance with the ODG Guidelines at this time.