

<b>Case Number:</b>	CM14-0167754		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	05/17/2002
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Orthopedic Surgery and is licensed to practice in 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 patient is a 47-year-old female with a date of injury of May 17, 2012. She injured her neck while lifting heavy objects at work. The patient has had multiple medications to include NSAID and narcotics. She had minimal improvement with acupuncture, and moderate improvement with physical therapy. The patient is also had chiropractic care with moderate improvement. Physical examination showed tenderness to palpation of the cervical spine over the trapezius muscle. There is a positive cervical facet stress test. The patient is a full range of neck motion. Bilateral wrist examination was unremarkable. The patient is diagnosed with cervical strain cervical facet arthropathy and mild carpal tunnel syndrome confirmed by EMG performed in 2012. At issue is whether multiple medial branch blocks are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical medial branch blocks at bilateral C3, C4, and C5 levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter

**Decision rationale:** This patient does not meet criteria for multiple level medial branch block treatment. ODG guidelines do not recommend more than 2 joints performed a one time. The request in this case is for 3 joint levels performed. The request clearly exceeds recommended number of levels per guidelines. No more than 2 levels should be injected at one time. Since more than 2 joint levels should be injected in one session, criteria for multiple injections not met. Therefore the request is not medically necessary.

**Purchase of bilateral wrist splints:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG hand chapter

**Decision rationale:** There is no clinical documentation of carpal tunnel syndrome on physical examination this case. Is no documentation of any physical exam findings consistent with carpal tunnel syndrome. Since clinical examination does not document any positive findings consistent with carpal tunnel syndrome, then wrist splints are not medically necessary.