

Case Number:	CM14-0170680		
Date Assigned:	10/23/2014	Date of Injury:	10/24/2012
Decision Date:	11/24/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 case involves a 66 year old male injured worker who sustained an injury on 10/24/2012. The 5/19/14 note indicates pain in the neck. There have been no injections currently but has had injections in the past. The insured did not recall what kind of injections. There was reported tenderness to palpation around C7-T1. There was good strength and sensation in the upper extremities. Spurling's gave left side neck pain. There was no reproduction of radicular pain. X-rays are reported to show C7-T1 and C4-5 facet degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treat for the left C5-C7 medial bundle branch blocks (facets): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Injections

Decision rationale: The medical records provided for review do not indicate physical exam findings consistent with positive facet provocative testing. The records do not delineate specific

treatments performed to date and failure of conservative treatment to address the pain. Official Disability Guidelines (ODG) support facet MBB blocks for patients with demonstrated facet mediated pain as demonstrated by physical exam findings and demonstrated failure of at least 6 weeks of conservative care. As such, the medical records provided for review do not support MBB blocks. Therefore, the request is not medically necessary.