

Case Number:	CM14-0022944		
Date Assigned:	02/26/2014	Date of Injury:	02/20/2013
Decision Date:	06/30/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured employee is a 60-year-old female who states that she sustained a work-related injury on February 20, 2013, when a cardboard box fell and struck her on the right side of the head. The injured employee was most seen for a neurology evaluation on January 24, 2014. An initial CT scan of the head was negative. Previous treatment has included physical therapy and acupuncture without any improvement. The injured employees currently stated to be seeing a pain management doctor who has recommended injections to the cervical spine. Current complaints include episodic tingling on the right side of the head. Current medications include ibuprofen, metformin, and Synthroid. Physical examination on this date noted tenderness at the right posterior cervical paraspinal muscles as well as the right occipital region of the scalp. There was a normal neurological examination. Diagnoses included a head contusion with possible mild concussion and a cervical strain. A previous independent medical review dated February 20, 2014, stated that a request for medial branch blocks of the cervical spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C3, C4, C5, C6 CERVICAL MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck/Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines ACOEM: OMPG- Neck/Upper back.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically state that invasive procedures of the neck such as facet injections and medial branch blocks have been shown not to offer any proven benefit in treating neck pain. Although the previous independent medical review had also not recommended this treatment that reason was for a diagnosis of cervical radiculopathy which would also be part of the exclusion criteria. However a recent thorough neurological examination does not indicate that a cervical radiculopathy is present. Furthermore this neurological visit has diagnosed the injured employee with a cervical strain. Medial branch blocks are not indicated for the treatment of a cervical strain. For these multiple reasons this request for cervical spine medial branch blocks is not medically necessary.