

Case Number:	CM14-0029871		
Date Assigned:	06/20/2014	Date of Injury:	10/27/1998
Decision Date:	08/11/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on October 27, 1998. The mechanism of injury is stated to be repetitive tasks. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of right long finger triggering. Current medications include Neurontin, and Scolacta. The physical examination demonstrated triggering with active motion of the right long finger. There was a normal examination of the right wrist and hand. Continued treatment with pain management was recommended. Previous treatment includes two right-sided carpal tunnel releases, a left-sided carpal tunnel release, and trigger finger releases of the left thumb, right index finger, and right ring finger. There was also a previous right rib resection for thoracic outlet syndrome. There have also been steroid injections of the right long finger. A request was made for bilateral cervical facet medial branch block and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Medial Branch Block, Bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic). Facet Joint Pain, Signs and Symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Facet joint diagnostic blocks.

Decision rationale: According to the medical records reviewed the injured employee has had a previous cervical facet medial branch block with a known efficacy. The Official Disability Guidelines state that the criteria includes one set of diagnostic medial branch blocks prior to considering a facet neurotomy. Additionally there is no documentation that the injured employee has failed to improve with conservative treatments including home exercise, physical therapy, and anti-inflammatory medications. Furthermore this request does not state which level or levels are to be injected. For these multiple reasons this request for a cervical facet medial branch block is not medically necessary.