

Case Number:	CM14-0034622		
Date Assigned:	07/30/2014	Date of Injury:	03/14/2003
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/20/2014

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 & 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 40-year-old male was reportedly injured on March 14, 2003. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated June 12, 2014 indicates that there are ongoing complaints of cervical spine pain radiating to the left and right upper extremities. The physical examination demonstrated spasms of the cervical spine and tenderness along the cervical facets and paravertebral muscles. There was decreased sensation at the lateral aspect of the left and right arms as well as the hands. Diagnostic imaging studies of the cervical spine show mild foraminal narrowing at C3-C4 as well as multilevel degeneration. Previous treatment includes cervical spine epidural steroid injections and a cervical spine fusion at C3-C4. A request had been made for a C3-C6 medial branch block and was not certified in the pre-authorization process on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left c3-6 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medial branch blocks (MBBs) Official Disability Guidelines, Neck/Upper Back section, facet joint therapeutic steroid injections.

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, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for the use of diagnostic blocks includes the presence of cervical pain that is non-radicular and that injections are not provided at more than two joint levels at one session. The physical examination dated June 12, 2014 indicates that the injured employee complains of radicular symptoms and the physical examination reveals abnormal sensation at both upper extremities, additionally this request is for three levels. For these reasons this request for Left-sided C3-C6 Cervical Spine Medial Branch Blocks is not medically necessary.