MAXIMUS Federal Services

Case Number:	CM14-0040884		
Date Assigned:	06/30/2014	Date of Injury:	03/04/2002
Decision Date:	10/07/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 59-year-old individual was reportedly injured on 3/4/2002. The mechanism of injury was not listed. The most recent progress note, dated 2/25/2014, indicated that there were ongoing complaints of neck pain that radiated in the left upper extremity. The physical examination demonstrated cervical spine positive tenderness to palpation with muscle spasm over the paraspinal musculature and trapezius muscles. Maximum foraminal compression test elicited primarily left upper extremity radicular component. Range of motion of the cervical spine was with flexion 42, extension 27, right rotation 56, left rotation 59, right lateral flexion 45, and left lateral flexion 43. Bilateral shoulders had tenderness to palpation over the periscapular region and trapezius muscles. Decreased range of motion was with all planes. No recent diagnostic studies are available for review. Previous treatment included physical therapy, epidural steroid injections, medial branch blocks, medications, and conservative treatment. A request had been made for bilateral C5-C7 medial branch blocks and urine toxicology screen and was not certified in the pre-authorization process on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 bilateral C5-C7 medial branch blocks: 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), Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck & Upper Back (Acute & Chronic) - Facet Injections (updated 08/04/14).

Decision rationale: MTUS/ACOEM practice guidelines do not recommend for or against cervical median branch blocks. ODG supports one cervical medial branch block for non-radicular pain after failure of conservative treatment, but no more than 2 levels are to be injected in one procedure. The claimant has had 1 previous medial branch block performed over a year ago with 2 weeks of relief. Guidelines do no support a second injection at multiple levels, and this request is not medically necessary.

Prospective request for 1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing MTUS Page(s): 43 OF 127.

Decision rationale: The documentation, provided, does not indicate that the claimant is currently utilizing any controlled substances or that the clinician intends to provide the claimant with controlled substances. As such, the request is considered not medically necessary.