

Case Number:	CM14-0051098		
Date Assigned:	07/07/2014	Date of Injury:	10/30/2006
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/18/2014

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:

According to the records presented for review, indicate that this 42-year-old male was reportedly injured on 10/30/2006. The mechanism of injury is undisclosed. The most recent progress note, dated 4/4/2014, indicated that there were ongoing complaints of neck and back pain. The physical examination demonstrated cervical spine positive tenderness to palpation over C4 to T1 facet bilaterally, pain with range of motion, positive Spurling's on the right, and positive foraminal compression test bilaterally. Lumbar spine had positive tenderness to palpation of the L3 to S1 facet capsules, pain with rotation and extension bilaterally, myofascial pain with triggering, and muscle spasm. There was antalgic gait, upper extremity muscle strength 5-/5, and decreased sensation to light touch at L5 to S1 on the left. Bilateral knee and ankle deep tendon reflexes were 1/4. No recent diagnostic studies are available for review. Previous treatment includes epidural steroid injection and pain medication. A request was made for dorsal rami diagnostic block (DRDB) of the cervical spine at bilateral C7 to T1 and was not certified in the preauthorization process on 4/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: dorsal rami diagnostic block (DRDB) of the cervical spine at bilateral C7-T1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, facet joint pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5.

Decision rationale: According to ACOEM guidelines, neck and upper back facet joint injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. Therefore, this request is deemed not medically necessary.