

Case Number:	CM14-0065972		
Date Assigned:	07/11/2014	Date of Injury:	08/10/1999
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 injured worker is a 52-year-old female who was reportedly injured on August 10, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of neck pain. It was also reported that the injured employee has failed conservative pharmacological management and that prior medial branch blocks completed in February and March 2013 were successful. A one-week period of pain relief was noted. The physical examination demonstrated a decrease in cervical spine range of motion and a positive Spurling's test; no focal neurological deficit was reported. Motor strength was noted to be 5/5, and deep tendon reflexes were 1+ and equal in the bilateral upper extremities. Diagnostic imaging studies were not reviewed. Previous treatment has included medications, injection therapies and other pain management interventions. A request was made for medial branch blocks and was non-certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block (MBB) to the cervical spine at C4-5 and C5-6 levels on the right side followed one week later by MBB (same levels) on the left side: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) PRF, page 102/127.

Decision rationale: The narrative does reflect that a one-week period of pain relief was accomplished with the injections provided more than a year ago. However, it is not clear this was to prepare for facet rhizotomy or another procedure. There was information about the length of time there was significant pain relief. At one point, it was noted there was a one-week period before the pain returned to the previous baseline and another indicator suggesting 60% pain relief for more than one year. It is not clear what the efficacy is of this procedure for this patient. Based on the contradictory nature of the presentation and by the parameters noted in the American College of Occupational and Environmental Medicine guidelines, the medical necessity for this injection cannot be established. Therefore, this request is not medically necessary or appropriate.