

Case Number:	CM14-0076404		
Date Assigned:	07/18/2014	Date of Injury:	12/01/1999
Decision Date:	10/02/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 63-year-old female was reportedly injured on December 1, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 12, 2014 indicates that there are ongoing complaints of neck pain and stiffness as well as right elbow pain. The physical examination demonstrated decreased range of motion of the cervical spine with tenderness along the cervical spine and in between the shoulder blades. Diagnostic imaging studies of the cervical spine revealed disc bulges and endplate osteophytes at multiple levels. Previous treatment includes a lumbar spine laminectomy, epidural steroid injections, acupuncture, home exercise, and oral medications. A request had been made for bilateral C3 - C4 and C4 - C5 medial branch blocks under fluoroscopic guidance and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-C4 and C4-C5 medial branch blocks under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter: 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 diagnostic blocks for facet nerve pain include documentation of failure of conservative treatment to include home exercise, physical therapy, and anti-inflammatory medications. A review of the attached medical record does not address the prior efficacy of these treatments. As such, this request for bilateral C3 - C4 and C4 - C5 medial branch blocks under fluoroscopic guidance is not medically necessary.