

Case Number:	CM14-0076437		
Date Assigned:	07/18/2014	Date of Injury:	06/02/2011
Decision Date:	09/29/2014	UR Denial Date:	05/06/2014
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 56-year-old individual was reportedly injured on 6/2/2011. The mechanism of injury was noted as a fall. The most recent progress note, dated 4/28/2014, indicated that there were ongoing complaints of chronic neck pain. The physical examination was handwritten and stated cervical spine with decreased cervical rotation. Cervical facet loading was positive bilaterally. There was positive tenderness to palpation in the cervical spine bilaterally at C3-C5. Positive tenderness to palpation of the lesser occipital nerve was also noted. There was also motor strength 5/5 in the bilateral upper extremities. Deep tendon reflexes decreased in the bilateral upper extremities. Sensory decreased to C5-C6. Diagnostic imaging studies included a CT scan of the cervical spine, dated 4/9/2014, which revealed C6-C7 foraminal narrowing and mild central canal narrowing. X-rays of the cervical spine revealed degenerative disc disease at C6-C7. Previous treatment included cervical spine surgery, epidural steroid injection, physical therapy medications, and conservative treatment. A request had been made for bilateral cervical medial branch blocks at C3 and C4 and C5 and Percocet 5/325 mg #90 and was not certified in the pre-authorization process on 5/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL MEDIAL BRANCH BLOCK C3, C4, C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): PAGES 300-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 does have cervical spine pain and status post cervical spinal fusion. However, there is no objective physical findings consistent with facet mediated pain. Therefore, this request is not medically necessary.

PERCOCET 5/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127.

Decision rationale: MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.