

Case Number:	CM14-0088365		
Date Assigned:	07/23/2014	Date of Injury:	12/24/2006
Decision Date:	09/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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 60-year-old female who was reportedly injured on 24 December 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 13, 2014, indicated that there were ongoing complaints of neck pain and bilateral shoulder pain. Current medications include Norco, Restoril, Zanaflex, progesterone, metoprolol, Wellbutrin, Topamax, Prilosec and thyroid medications. The physical examination demonstrated tenderness of the cervical paraspinal muscles and decreased cervical spine range of motion. There were decreased right shoulder range of motion and right shoulder impingement signs including a positive Neer's test and Hawkins test. There was a normal upper extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, anti-inflammatories, a right sided C5-C6 foraminotomy and a right shoulder arthroscopy. A request was made for a facet joint medial branch block and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint medial branch block.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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, facet joint medial branch blocks can be used for cervical spine pain that is nonradicular and no more than two joint level should be injected at one session. According to the progress note dated May 13, 2014, the intention is for injections begin on the right C4-C5 and C6-C7 levels. Considering this, the request for Cervical Spine Facet Joint Medial Branch Blocks are medically necessary.