

Case Number:	CM14-0173732		
Date Assigned:	10/27/2014	Date of Injury:	04/15/1997
Decision Date:	01/22/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/21/2014

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 Texas. 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:

Medical Records reflect the claimant is a 70 year old male who sustained a work injury on 4-15-77. The claimant has a diagnosis of cervical spondylosis, cervical radicular pain, cervical myofascial pain, and left neuropathic radicular pain. Office visit on 9-2-14 notes the claimant was status post bilateral L4-L5 RFA performed on 7-17-14 with 100% improvement. He continues to use pain medicine for his neck pain. He had right greater than left axial neck pain with mild radicular symptoms in the upper extremities. The claimant was noted to be status post fusion at C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral C5-C6, C6-C7 medial branch nerve blocks under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter - diagnostic facet blocks

Decision rationale: ODG notes diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. This claimant has had fusion C5-C6 and C6-C7. Therefore, the requested medial branch block would be contraindicated. Additionally, this claimant's pain is radicular. Therefore, the medical necessity of this request is not established.

Random urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids ongoing use.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is an absence in documentation noting that this claimant has misuse or abuse in the use of his medications. Therefore, the requested random urine drug screen is not supported.