

Case Number:	CM14-0194188		
Date Assigned:	12/01/2014	Date of Injury:	08/25/2011
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/8/14 note reports pain that is better in neck after chiropractic care. The insured reports sleeping well. Spurling's test is positive on the left with axial pain. There is weakness of the right grip. There is tenderness to palpation in the muscles. EMG reported bilateral carpal tunnel with no evidence of cervical radiculopathy. Report is cervical facet dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet medial branch blocks at left C5-C6 and C7 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. 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, Facet

Decision rationale: ODG guidelines support facet block for 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).4. No more than 2 joint levels may be blocked at any one time.5. There should be evidence of a formal plan

of additional evidence-based activity and exercise in addition to facet joint injection therapy. The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain or indicate a formal plan of activity or exercise in addition to the therapy. As such, the medical records provided for review do not demonstrate findings in support of C5, C6, C7 medial branch blocks congruent with ODG.