

Case Number:	CM14-0205357		
Date Assigned:	12/18/2014	Date of Injury:	09/19/2003
Decision Date:	02/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine, 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:

Patient is a 51 year-old female with date of injury 09/19/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/06/2014, lists subjective complaints as pain in the neck and bilateral shoulders. Patient is currently using a TENs unit, heat and medication to obtain relief with moderate results. Objective findings: Examination of the cervical spine revealed reduced range of motion in all planes with crepitus and pain. Examination of the bilateral shoulders revealed normal range of motion without pain or impingement signs. Motor and sensation testing were within normal limits. Diagnosis: 1. Cervicalgia 2. Cervical spondylosis without myelopathy 3. Postlaminectomy syndrome, cervical region. There was no documentation in the records supplied for review to indicate that the patient has ever received a branch block before.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block (MBB) injection on the left at the C4, C5, C6, and C7 levels:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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 (Acute & Chronic), Facet Joint Therapeutic Steroid Injections

Decision rationale: According to the Official Disability Guidelines, cervical facet joint therapeutic steroid injections are not recommended. In the event that facet joint injections were given previously, to be considered for a repeat injections the patient must have had initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks. There is no documentation that the patient has had any previous blocks. In addition to the above, if blocks are given in anyway, no more than 2 levels should be injected. The request is for 4 separate levels. Cervical medial branch block (MBB) injection on the left at the C4, C5, C6, and C7 levels is not medically necessary.