

Case Number:	CM14-0205389		
Date Assigned:	12/17/2014	Date of Injury:	02/25/2012
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 26, 2012. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve request for medial branch block. The claims administrator alluded to an RFA form dated November 4, 2014 and associated progress note of October 28, 2014 in its determination. In an operative report dated June 6, 2012, the applicant received a multilevel cervical discectomy and fusion surgery. On November 7, 2012, the applicant underwent cervical wound exploration and hardware removal to ameliorate preoperative diagnoses of perforation of the esophagus and infected cervical wound. The applicant went on to receive further cervical spine surgery in 2013. On June 30, 2014, the applicant reported ongoing complaints of neck pain, upper back pain, and mid back pain. Rather permissive 50-pound lifting limitation was endorsed. The applicant was asked to perform home exercise using an elliptical machine. The applicant was using Norco for pain relief. The attending provider suggested that the applicant was working in one section of the note but then stated that the applicant was hoping that she would be able to find a job/get a job. On July 20, 2014, the attending provider stated that the applicant was not working as her employer was unable to accommodate her limitations. The applicant was using Norco for pain relief. The applicant was reportedly neurologically intact. The applicant continued to have neck pain with associated upper extremity pain and mid back pain, it was acknowledged. On August 26, 2014, the applicant received a refill of Norco. The applicant was using a cervical collar. The applicant was apparently not working but was searching for work. The applicant did report some radiation of neck pain to the ribs. On October 20, 2014, the applicant was given Norco 10/325 in favor of Norco 5/325. A cervical medial branch block procedure was sought. The applicant did have persistent neck pain, upper back pain, and

radicular symptoms radiating into the bilateral upper extremities, it was acknowledged. The applicant had used gabapentin and Lyrica in the past. The applicant was asked to obtain a cervical traction unit as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic cervical medial branch block at C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Table 8-8.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch block at issue, are deemed "not recommended." In this case, it is noted that there is, furthermore, considerable lack of diagnostic clarity present here. The applicant continues to report persistent complaints of neck pain radiating into the bilateral upper extremities, suggestive of an active cervical radiculopathy process. The applicant had used Lyrica and Neurontin in the past, again presumably for radicular pain. The request, thus, is not indicated both owing to the (a) unfavorable ACOEM position on the article at issue and (b) considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.