

Case Number:	CM14-0213437		
Date Assigned:	12/30/2014	Date of Injury:	07/07/2014
Decision Date:	05/01/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 12/17/2014, the mechanism of injury was not provided. On 09/15/2014, the patient presented with neck pain rated 8/10 with radiculopathy. Medications included Norco, Celebrex, Invokana, metformin, and cyclobenzaprine. The diagnosis was degeneration of the cervical intervertebral disc. Upon examination, there was decreased range of motion to the neck. The provider recommended a bilateral C3, C4, and C5 diagnostic branch block. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3, C4 and C5 diagnostic branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Block.

Decision rationale: The request for Bilateral C3, C4 and C5 diagnostic branch blocks is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques such as facet injections have no proven benefit in treating acute neck or upper back symptoms. Official Disability Guidelines further state that criteria for use of a diagnostic block is limited to injured workers with cervical pain that is nonradicular and at no more than 2 levels bilaterally. There should be documentation of failure to respond to conservative treatment prior to the procedure for at least 4 to 6 weeks. No more than 2 joint levels should be injected in 1 session. There is lack of evidence of prior conservative treatment that the patient underwent and the efficacy of those treatments. Additionally, a complete and adequate assessment of the patient was not provided to include provocative testing to warrant a diagnostic block. The patient has complaints of radicular symptoms and radiculopathy is exclusionary criteria for a diagnostic branch block. As such, medical necessity has not been established. The treatment is not medically necessary.