

Case Number:	CM15-0003057		
Date Assigned:	01/14/2015	Date of Injury:	01/26/2012
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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 51-year-old female who reported an injury on 11/26/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of degenerative cervical and intervertebral disc, cervicgia, cervicocranial syndrome, and cervical spondylosis without myelopathy. Past medical treatment consists of physical therapy and medication therapy. Medications consist of Ativan, bupropion, Celebrex, Fexmid, Norco, Losartan, Nucynta ER, and Soma. On 04/22/2014, the injured worker underwent a urine drug screen which showed the injured worker was compliant with prescription medications. On 12/11/2014, the injured worker was seen for a follow-up appointment where she complained of neck, shoulder, and arm pain. The injured worker stated that the pain was constant. The injured worker stated that the average pain since the last visit was 5/10 and functional level since last visit was 2/10. MRI of the cervical spine obtained on 02/22/2013 showed degenerative changes with minimal dural compression and mild left neural foraminal stenosis at C3-4 with mild dural compression at C4-5 and C5-6. On physical examination, the injured worker complained of ongoing bilateral sided neck pain and right shoulder pain. Range of motion and lifting of the arm on the right made it worse. There was cervical spondylosis and crepitus on range of motion. There was no weakness of bilateral upper extremities. Treatment plan is for the injured worker to undergo right medial branch block at C3-4, C4-5, and C5-6. Rationale was not submitted for review. Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right MBB at C3, 4, 5, 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter

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, Facet joint diagnostic blocks.

Decision rationale: The request for right medial branch block at C3, C4, C5, and C6 is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques have no proven benefit for treatment of acute neck or upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if fully successful, treatment may proceed to facet neurotomy at the diagnosed level. The criteria for use of diagnostic blocks is limited to injured workers with cervical pain that is non-radicular; no more than 2 joint levels are injected in 1 session; and failure of conservative treatment, to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The submitted documentation indicated that the injured worker had right shoulder pain, worse on active range of motion. However, there was no indication of tenderness upon palpation nor was there any indication of decreased sensation. The included documentation lacked evidence of a complete and adequate physical examination of the injured worker's deficits, to include negative Spurling's test, specific tenderness to palpation over a region, or specific motor strength and sensory deficits. Additionally, there was no indication in the submitted documentation of the injured worker having trialed and failed conservative treatment. Given the above, the injured worker is not within ACOEM/California MTUS or Official Disability Guidelines criteria. As such, the request is not medically necessary.