

Case Number:	CM15-0006391		
Date Assigned:	03/03/2015	Date of Injury:	09/08/2010
Decision Date:	04/06/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38-year-old [REDACTED] employee, who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of September 8, 2010. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve request for cervical medial branch facet injections while approving Percocet and oxycodone. The claims administrator noted that the applicant had undergone earlier cervical fusion surgery. The claims administrator invoked a variety of MTUS and non-MTUS references including the MTUS 9792.20f, which was mislabeled as MTUS 9792.24.1. A November 13, 2014 progress note and associated December 10, 2014 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On February 12, 2015, the attending provider stated that he was appealing previously denied cervical medial branch blocks. The applicant was asked to consult an orthopedic spine surgeon. Oxycodone and Percocet were renewed. Permanent work restrictions imposed by medical-legal evaluator were noted. The applicant reported persistent complaints of neck pain status post earlier failed cervical fusion surgery. The applicant continued to report ongoing complaints of neck pain radiating to the bilateral arms with paresthesias noted about the hands. Facetogenic tenderness was appreciated. The applicant exhibited upper extremity strength ranging from 3/5 to 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient medial branch facet injections C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary.

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

Decision rationale: No, the request for outpatient medical branch facet injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch facet injection at issue are deemed "not recommended." Here, it is further noted that the applicant's presentation is more consistent and/or suggestive of an active cervical radiculopathy. The applicant continues to report ongoing complaints of neck pain radiating to the arms with paresthesias about the hands. The information on file, thus, suggests that the applicant carries an active diagnosis of cervical radiculopathy as opposed to an active diagnosis of facetogenic neck pain for which the cervical facet injections at issue could be considered. Therefore, the request was not medically necessary.