

Case Number:	CM15-0015610		
Date Assigned:	02/03/2015	Date of Injury:	12/06/2005
Decision Date:	12/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 59 year old male worker who sustained an industrial injury on December 06, 2005. The worker is being treated for: right shoulder RCT, chronic atrophied with impingement, bursitis, arthrosis; left shoulder RTC status post debridement, impingement, bursitis; right lateral elbow epicondylitis, CTS bilaterally, and bilateral knee osteoarthritis. Subjective: July 22, 2014 he reported complaint of bilateral shoulder, bilateral elbow, bilateral wrist and bilateral knee pain that specifically noted the right shoulder 50 % worse, and all other areas with no improvement. He stated is having had good relief from cortisone injection for knee in the past and is requesting one this visit. September 08, 2014 he reported persistent neck, mid and low back pains along with recent EDG without complaint of GI upset. There is also complaint of increased bilateral hand pain and parasthesia's. December 15, 2014 he is reporting overall doing worse. Objective: September 08, 2014 noted spasm over bilateral paraspinals throughout, decreased cervical, thoracic and lumbar spine ROM in all planes, decreased sensation in bilateral C6, C7, and C8 dermatomes, along with decreased bilateral L4 through S1 dermatomes. A Spurling's test is noted positive bilaterally caused pain and numbness to the fingers. Diagnostic: radiographic studies ranging from 2010, 11, and 2012: EMG NCV 2012; UDS consistent with prescribed. Medication: July 22, 2014: Norco, Cymbalta, and Gabapentin. July 22, 2014 administered Corticosteroid injection right knee. September 08, 2014: Norco, Prilosec, Robaxin, Gabapentin, and Cymbalta. September 08, 2014: Omeprazole, Gabapentin, Norco, Robaxin, Cymbalta and Butrans. November 07, 2014 noted administration of CESI which he stated reduced pain about 25%. Treatment: November 26, 2013 injections administered

to right shoulder and knee that provided about 30% temporary relief, completed 8 sessions of pool therapy that have helped somewhat, aquatic therapy authorized November 07, 2014. On January 02, 2015 a retrospective request was made for medial branch block bilaterally at C4 through 6 that was noncertified by Utilization Review on January 07, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block BL C4-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines consider medial branch blocks for diagnostic purposes. If they are being used for other purposes, there should be no evidence of radicular pain, spinal stenosis or previous fusion. If successful the recommendation is to proceed to a medial branch diagnostic block followed by neurotomy. In this case, recent MRI showed severe neural foraminal narrowing, stenosis and the patient appears to have radicular symptoms. The request for medial branch block bilateral C4-6 is not medically necessary and appropriate.