

Case Number:	CM15-0017841		
Date Assigned:	02/05/2015	Date of Injury:	02/23/1996
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male who sustained an industrial injury on February 23, 1996. He has reported neck pain and has been diagnosed with post cervical laminectomy syndrome, cervical radiculopathy, shoulder pain, and cervical facet syndrome. Treatment has included a home exercise program, medications, and epidural injections. Currently the injured worker complains of right axial neck pain that causes headaches and some referred pain to his upper shoulder blade area. The treatment plan included a cervical medial branch block. On January 20, 2015 Utilization Review non certified cervical facet nerve block for the right C3,C4,C5 citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Nerve Block for the Right C3, C4, C5: Upheld

Claims Administrator 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 & Upper back, Facet joint therapeutic steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Facet Joint Diagnostic Blocks, Updated November 18, 2014.

Decision rationale: The official disability guidelines indicates that the criteria for a medial branch block include the presence of cervical pain that is nonradicular and that no more than no more than two levels should be injected in one session. The most recent progress note dated January 12, 2015 includes abnormal neurological findings of the upper extremities to include decreased sensation over the thumb and medial forearm on the right side as well as generalized decreased muscle strength on the right rated at 5-/5. There was also a decreased biceps reflex and brachioradialis reflex on the right rated at 1/4. These reflexes were rated at 2/4 on the left. Additionally, this request is for three levels to be injected. Considering these abnormal neurological findings indicative of a cervical spine radiculopathy and the ODG guidelines, this request for a cervical facet nerve block on the right at C3, C4, and C5 is not medically necessary.