

Case Number:	CM15-0131396		
Date Assigned:	07/17/2015	Date of Injury:	07/19/2013
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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 52-year-old who has filed a claim for chronic neck pain, occipital neuralgia, and myofascial pain syndrome reportedly associated with an industrial injury of July 19, 2013. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for multilevel diagnostic medial branch blocks under fluoroscopic guidance. The claims administrator referenced a June 10, 2015 progress notes in its determination. The claims administrator incidentally noted that the applicant had received an occipital nerve block and recent trigger point injections. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported neck pain radiating to both suboccipital areas. Throbbing headaches were also noted. The applicant was on Prilosec and prednisone, it was reported. The applicant reported 8 to 10/10 pain complaints. The applicant's BMI was 26. The applicant was described as currently unemployed; it was reported on social history section of the note. The applicant was given diagnosis of cervical facet arthroscopy versus occipital neuralgia versus myofascial pain syndrome. Multilevel diagnostic medial branch blocks were sought. Physical therapy was also endorsed. The applicant exhibited positive facet loading, it was suggested, with limited cervical range of motion, palpable tender points, and paravertebral tenderness all evident about the cervical paraspinal region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Cervical Medial Branch Block C4, C5, C6 under fluoroscopy: Upheld

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

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

Decision rationale: No, the request for diagnostic multilevel cervical medial branch blocks 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 blocks at issue are deemed "not recommended." Here, it was further noted that there was a considerable lack of diagnostic clarity present here. The attending provider also posited that the applicant had a variety of other pain generators, including occipital neuralgia, cervicogenic headaches, myofascial pain syndrome, etc. The applicant's presentation was not highly suggestive or highly evocative of facetogenic pain for which the diagnostic medial branch blocks at issue could have been considered. Therefore, the request was not medically necessary.