

Case Number:	CM15-0136656		
Date Assigned:	07/30/2015	Date of Injury:	10/09/2013
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old male who sustained an industrial injury on 10-9-13. She had complaints of neck, and mid back pain radiating to the upper extremities. She was diagnosed with neuralgia. Progress report dated 5-21-15 reports continued complaints of severe neck pain, muscle tightness and restriction of range of motion. She has numbness down the thumb, pain down into the arm into the index and to the thumb on the right side. Diagnoses include: moderate impingement in the foramen with radiculopathy. Plan of care includes: diagnostic C6 root block and facet block on the right side to calm down the one region of pain as a diagnostic block, have post injection physical therapy and possibly surgery. Work status: totally temporarily disabled 5-21-15 to 6-15-15. Follow up on 6-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet block injections at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: ESIs.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be treated for radiating neck pain. When seen, there was positive Spurling's testing and decreased grip strength. Authorization for a combined right C6 selective nerve-root block and bilateral facet blocks was requested. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has testing results and physical examination findings consistent with radicular pain from cervical radiculopathy. The requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.