

Case Number:	CM15-0142448		
Date Assigned:	08/03/2015	Date of Injury:	08/29/2014
Decision Date:	09/03/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/22/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 08-29-2014 secondary to being hit by a door while bending down resulting in a head injury. On provider visit dated 06-03-2015 the injured worker has reported headache and neck pain. On examination of the cervical spine examination revealed tenderness to palpation of central cervical thoracic spine, painful and guarded cervical rotation bilaterally and with flexion and extension. Tenderness to palpation was also noted at occipital and upper to mid cervical spine as well as upper mid cervical-lateral masses. The diagnoses have included cervical spondylosis without myelopathy, unspecified neuralgia neuritis-radiculitis and post-concussion syndrome. Treatment to date has included medication. The injured worker was noted to be working on restricted duty. The injured worker underwent a cervical spine x-ray on 12-16-2014 which revealed an anterior listhesis of C4 and C5 and C5 and C6 are probably secondary to facet arthritis, and multilevel degenerate changes with neural frontal narrowing was noted. CT of the head without contrast revealed no acute intracranial abnormality on 11-01-2014. The provider requested outpatient injections: medial branch block left 2-3, 3-4, 4-5 cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient injections: medial branch block left 2/3, 3/4, 4/5 cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-diagnostic blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter (MBB).

Decision rationale: Medial branch blocks (MBB) are generally considered as diagnostic blocks. The ODG state that the criteria for the use of diagnostic blocks are facet nerve pain. No more than 2 joint levels can be performed in one session. In this case, the request is for three levels, C2-3, C4-5 and C4-5. This is three levels, which is outside the recommended guidelines. In addition, the MRI shows facet arthropathy at only two levels, C4-5 and C5-6. Thus the request is not medically necessary or appropriate.