

Case Number:	CM15-0163765		
Date Assigned:	09/09/2015	Date of Injury:	01/22/2014
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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 43 year old female who sustained an industrial injury on 1-22-2014. Medical records indicate the injured worker is being treated for cervical herniated nucleus pulposus and cervical radiculopathy. Progress report dated 7-7-2015 noted very sharp pain in the neck, knees, and arms. There was tenderness to palpation of the left cervical paraspinals. There was a positive Spurling's on the left causing numbness in the left arm to the hand. There was positive left cervical facet loading. Cervical range of motion was decreased. Treatment has included 1 session of physical therapy for the neck and shoulder with good relief, 8 sessions of chiropractic therapy which decreased pain and increased function, ibuprofen with minimal relief, Tylenol with no relief, injections with no relief, Flexeril caused migraines, Lidopro with no relief, Norco was discontinued, and ultram ER with no relief. MRI of the cervical spine dated 12-17-2014 revealed reversal of normal cervical lordosis with its apex at C4, there is mild canal stenosis with no cord compression and mild to moderate bilateral stenosis at C5-6, there is mild canal stenosis with no cord compression, mild to moderate right and mild left sided foraminal stenosis at C4-5, there is mild canal stenosis with no cord compression and mild bilateral foraminal stenosis at C3-4 and C6-7. Utilization review form included Medial bundle branch block left C3-C4, C4-C5, C5-C6 and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block left C3-C4, C4-C5, C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and upper back chapter, facet joint.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper back (facet joint diagnostic blocks).

Decision rationale: ODG states that Medial Branch Blocks (MBB) are limited to patients with pain that is non-radicular. This patient has chronic neck pain that is radicular. On examination, there is a positive Spurling's test on the left causing numbness in the left arm and hand. There is also positive left cervical facet loading and decreased sensation in the C6, C-7 and C-8 dermatomes. Strength is normal except in the left wrist. This request does not meet the diagnostic criteria for an MMB due to the radicular nature of the symptoms, and is not medically necessary or appropriate.

Pain management follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, office visit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (office visits).

Decision rationale: The ODG states that evaluation and management office visits are medically necessary and play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. In this case, the claimant has ongoing neck pain and has had a previous pain management consultation. However the documentation for this evaluation and treatment has not been provided for review with this request for a follow-up with the pain management specialist. Therefore, without additional documentation, the request cannot be recommended and is not medically necessary or appropriate.