

Case Number:	CM15-0169850		
Date Assigned:	09/10/2015	Date of Injury:	10/10/2014
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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:

This 50-year-old woman sustained an industrial injury on 10-10-2014. The mechanism of injury is not detailed. Evaluations include an undated cervical spine MRI and electromyogram of the bilateral upper extremities. Diagnoses include cervicgia, degeneration of cervical intervertebral disc, bilateral carpal tunnel syndrome, and shoulder pain. Treatment has included oral medications, chiropractic care, surgical interventions, and physical therapy. Physician notes dated 8-4-2015 show complaints of neck pain, right shoulder pain, and bilateral hand paresthesias rated 6 out of 10 with a range of 6-10 out of 10. The physical examination shows tenderness to the right paravertebral cervical spine between C4 and C5 and limited range of motion due to pain. Recommendations include cervical facet medial branch blocks with radiofrequency ablation if positive response, Ibuprofen, and follow up after injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch block.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states sedation should only be given during the requested procedure if the patient has extreme anxiety as sedation can actually negate the results. There is no documented extreme anxiety and the request is not medically necessary.

Epidurography, radiological supervision and interpretation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch block.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG requirements for medial branch block have been met, but the ODG does not recommend the additional tests orders including epidurography. Therefore, the request is not medically necessary.