

Case Number:	CM15-0180914		
Date Assigned:	09/22/2015	Date of Injury:	03/25/2015
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
 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 47 year old male, who sustained an industrial injury on 3-25-2015. Medical records indicate the worker is undergoing treatment for cervicgia and lumbar radiculopathy. A recent progress report dated 8-18-2015, reported the injured worker complained of neck pain and low back pain 8-9 out of 10. Physical examination revealed right quadriceps strength rated 4 out of 5. Treatment to date has included physical therapy and medication management. On 8-18-2015, the Request for Authorization requested Outpatient bilateral cervical 6-7 and cervical 7-thoracic 1 facet blocks under fluoroscopy guidance. On 8-24-2015, the Utilization Review noncertified the request for Outpatient bilateral cervical 6-7 and cervical 7- thoracic 1 facet blocks under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral C6-7 and C7-T1 facet blocks under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

Decision rationale: In this case, the claimant has mild numbness in the upper extremities and there is mention of mild radiculopathy. Branch blocks are not recommended in those with radiculopathy. In addition, fluoroscopic guidance is not routinely required. The request for the C6-T1 block is not medically necessary.