

Case Number:	CM15-0181770		
Date Assigned:	09/23/2015	Date of Injury:	02/03/2014
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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 30 year old female, who sustained an industrial injury on 2-3-2014. The medical records indicate that the injured worker is undergoing treatment for left cervical facet joint pain at C2-3 and C3-4, left C2-3, C3-4 facet joint arthropathy, chronic neck pain, whiplash, and small left disc herniation at C3-4. According to the progress report dated 8-20-2015, the injured worker presented with complaints of left neck pain. On a subjective pain scale, she rates her pain 4 out of 10 with medications and 8 out of 10 without. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles overlying the left C2-3 and C3-4 facet joints. Cervical range of motion is restricted by pain in all directions. The current medications are Percocet, Colace, Senna, Ibuprofen, Brintellix, and Saphris. Previous diagnostic studies include MRI. MRI of the cervical spine from 7-9-2015 demonstrated C3-4 small, left disc herniation. Treatments to date include medication management and physical therapy. Work status is described as temporarily totally disability. The original utilization review (9-3-2015) had non-certified a request for fluoroscopically guided, diagnostic left C2-3 and C3-4 facet joint medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic, Left C2-C3 and Left C3-C4 facet joint medial branch block: 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.

Decision rationale: In this case, the claimant has failed conservative therapy. There were no radicular findings on MRI or exam. However, medial branch blocks are not routinely require fluoroscopy. The request for the cervical medial branch block with fluoroscopy is not medically necessary.