

Case Number:	CM15-0182136		
Date Assigned:	09/23/2015	Date of Injury:	10/07/2014
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27 year old man sustained an industrial injury on 10-7-2014. Evaluations include undated left shoulder and cervical spine MRIs. Diagnoses include left wrist pain, bilateral carpal tunnel syndrome, bilateral elbow tenderness, bilateral shoulder strain, and cervical radiculitis. Treatment has included oral medications, home exercise program, and physical therapy. Physician notes dated 7-18-2015 show complaints of increased neck pain with increasing radiculopathy, left shoulder pain, bilateral wrist pain with numbness, right elbow pain, and increasing low back pain with increasing radiculopathy. The physical examination showed discomfort in the cervical spine region, radicular pain in the bilateral upper extremities, bilateral shoulder pain with range of motion which is consistent with impingement, bilateral lateral elbow tenderness, positive Tinel's and Phalen's, and low back pain. Recommendations include Naprosyn, Prilosec, Terocin patches, bilateral shoulder injection, start Gabapentin, cervical spine epidural steroid injection, lumbar spine MRI, and follow up in six weeks. Utilization Review denied a request for cervical spine facet blocks citing facet mediated pain has not been documented nor have these injections been proven in medical literature to be an effective treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

Decision rationale: The injured worker sustained a work related injury on 10-7-2014. The medical records provided indicate the diagnosis of left wrist pain, bilateral carpal tunnel syndrome, bilateral elbow tenderness, bilateral shoulder strain, and cervical radiculitis. Treatment has included oral medications, home exercise program, and physical therapy. The medical records provided for review do not indicate a medical necessity for Cervical facet blocks. The medical records indicate the injured worker has cervical radiculopathy. The MTUS does not recommend Cervical facet injections; while the Official Disability Guidelines does not recommend cervical facet blocks if pain is radicular. The request is not medically necessary.