

Case Number:	CM15-0185733		
Date Assigned:	09/25/2015	Date of Injury:	11/30/2005
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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 55 year old male with an industrial injury dated 11-30-2005. A review of the medical records indicates that the injured worker is undergoing treatment for chronic myofascial sprain and strain of cervical spine, industrial, multilevel degenerative disc disease, cervical stenosis and cervical radiculopathy. In a progress report dated 07-17-2015, the injured worker reported pain in the neck and upper back with radiation to bilateral upper extremities and sleep difficulty. The injured worker rated pain a 9 out of 10 and average pain an 8 out of 10. Pain level with medication is a 1- 3 out of 10 and a 9-10 without medication. Objective findings (7-17-2015 to 8-13-2015) revealed decreased lordosis, tenderness to palpitation of the cervical spine and paraspinal muscles with stiffness and spasm, greater on the right than left. Restricted and painful cervical spine range of motion by 50% in flexion, extension, lateral flexion and lateral rotation were also noted on exam. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the cervical spine performed on 04-24-2015 was positive and it was read by radiologist. The treating physician reported that the results revealed broad based posterior disc bulge at C4-C5 causing mild spinal stenosis, no neuroforaminal stenosis, and broad based disc bulge at C5-C6, slightly more eccentric to the right which caused mild spinal canal stenosis, mild right neuroforaminal stenosis and no left neuroforaminal stenosis. Treatment has included Magnetic Resonance Imaging (MRI) of cervical spine, prescribed medications, cervical epidural steroid injection at C5-6 on 07-02-2015 and periodic follow up visits. The treating physician requested services for right medial branch block C4-C5, C5-C6. The utilization review dated 08-25-2015, non-certified the request for right medial branch block C4-C5, C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch block C4-C5, C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter Facet 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) neck chapter and pg 26.

Decision rationale: In this case, the claimant has noted radiculopathy and prior interventions with ESI. The guidelines require that MBB be provided in those with no radiculopathy. Prior imaging indicates nerve impingement at C4-C6. Therefore, the request for MBB of C4-C6 is not medically necessary.