

Case Number:	CM15-0185779		
Date Assigned:	09/25/2015	Date of Injury:	08/09/2007
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
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 65 year old female, who sustained an industrial injury on 8-9-2007. Medical records indicate the worker is undergoing treatment for anterior cervical discectomy and fusion on 11-29-2011, cervical degenerative disc disease, chronic neck pain, cervical herniated nucleus pulposus, cervical spondylosis, cervical facet arthropathy and cervical myofascial strain. A recent progress report dated 9-10-2015, reported the injured worker complained of pain in the bilateral upper extremities rated 7-8 out of 10, neck pain rated 7 out of 10 with spasm and wrist cramping. Physical examination revealed cervical paraspinal spasm at cervical 3-7 with tenderness, cervical facet tenderness and bilateral carpal-metacarpal joint tenderness. Cervical magnetic resonance imaging from 6-9-2015 showed degenerative disc disease and canal stenosis. Treatment to date has included surgery, epidural steroid injection, physical therapy Flexeril, Anaprox, Norco abdominal Gabapentin cream. On 9-10-2015, the Request for Authorization requested cervical medial branch block at cervical 6-7. On 9-14-2015, the Utilization Review noncertified the request for cervical medial branch block at cervical 6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral CMBB at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back (Acute and Chronic) Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Special Studies, Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

Decision rationale: According to the guidelines, MBB is not recommended in those with evidence of radiculopathy. In this case, the claimant had received an epidural with benefit which is only indicated for those with radiculopathy. The exam findings indicate diminished sensation in the C6-C7 regions. The ACOEM guidelines do not recommend invasive procedures due to their short term benefit. As a result, the request for the bilateral CMBB is not medically necessary.