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| Case Number: | CM15-0021439 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 07/16/2014 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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:

The injured worker is a 54 year old male, who sustained a work related injury on 7/16/14. The diagnoses have included cervicalgia, neck sprain and facet syndrome. Treatments to date have included oral medications, Toradol injection, 4 sessions of physical therapy, modified work duty and a cervical spine MRI. In the PR-2 dated 1/19/15, the injured worker complains of worsening posterior neck pain. He has decreased range of motion in neck. On 1/27/15, Utilization Review non-certified a request for a diagnostic medial branch cervical facet block C3-4 and C4-5. The California MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic medial branch cervical facet block C3-4 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Neck and Upper Back: Facet joint Diagnostic Blocks

Decision rationale: Guidelines state that invasive procedures have no proven long term benefit in treating acute neck and upper back pain. In this case, the patient is reporting ongoing cervical pain, decreased range of motion, but no tenderness on examination. Clinical records indicate that the patient has completed 4 physical therapy visits out of 9 authorized and is taking 1 tylenol #3. Thus minimal conservative therapy (home exercise, physical therapy, NSAIDs) as recommended by guidelines has been completed. Diagnostic median cervical facet block is not medically necessary and appropriate.