

Case Number:	CM15-0025477		
Date Assigned:	02/18/2015	Date of Injury:	11/01/2007
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 11/01/2007, due to an unspecified mechanism of injury. On 01/20/2015, she presented for a follow-up evaluation regarding her work related injury. She reported pain in the cervical spine with associated spasm and radiation into the left shoulder. It was stated that she had left sided radiculopathy due to cervical spondylosis. She also reported low back pain. She stated that her average pain without medications was an 8/10, with medications a 4/10 to 6/10, and at the day of the visit, a 7/10. A physical examination of the cervical spine showed diminished range of motion with pain at end range in all directions and tenderness over the C5, C6 and C7 facets on the right. Spurling's and Hoffmann's were negative. She had an antalgic gait with decreased bilateral upper and lower extremity strength with wrist flexors being 4/5, and left wrist flexors and finger flexors at a 4/5. Sensation was also noted to be decreased in the left C5, C6, C7 and C8 dermatomes. She was diagnosed with lumbar radiculopathy, degenerative disc disease of the lumbar spine, cervicgia, degeneration of the cervical intervertebral discs and cervical spondylosis without myelopathy. The treatment plan was for a right diagnostic medial branch block at the C5, C6 and C7. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right diagnostic medical branch blocks at C5, C6 and C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Facet Joint Injections.

Decision rationale: The Official Disability Guidelines recommend medial branch blocks when radiculopathy is not present by examination or imaging, and only for those who have signs and symptoms consistent with facet joint pain that have failed recommended conservative care. There should also be evidence that if successful a facet neurotomy would be performed. The documentation provided does not show that the injured worker had tried and failed all recommended conservative therapy options to support the request. Also, the injured worker's physical examination findings and subjective complaints are consistent with findings of radiculopathy, and therefore, the requested medial branch blocks would not be supported. Also, there was no statement regarding whether a facet neurotomy would be performed if the medial branch block was successful. Therefore, the request is not supported. As such, the request is not medically necessary.