

Case Number:	CM15-0215433		
Date Assigned:	11/05/2015	Date of Injury:	03/17/2014
Decision Date:	12/22/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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: Pennsylvania

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 31 year old male who sustained an industrial injury March 17, 2014. Past treatment included physical therapy, chiropractic manipulation, rest and a home exercise program. Diagnoses are cervical disc disease; cervical radiculopathy; cervical facet syndrome. According to an interventional pain management follow-up dated October 6, 2015, the injured worker presented with neck pain, rated 5 out of 10, and decreased since the last visit April 2015. The physician documented he underwent a bilateral C5-6 and C5-7 transfacet epidural steroid injection and feels 50% better with two weeks relief following the procedure (March 23, 2015) with improvement in sleep and turning his neck. He reported low back pain with radiating symptoms to the bilateral lower extremities. Current medication included Tramadol and Cyclobenzaprine. Objective findings included; cervical spine-tenderness over the cervical facets C4-C7 and spasms to the cervical paravertebral musculature, positive Spurling's sign bilaterally; trace sensation along the C6 and C7 dermatomes bilaterally. At issue, is a request for authorization dated October 6, 2015, for a bilateral C5-C7 medial branch block injection. According to utilization review dated October 26, 2015, the request for (1) bilateral C5- C7 medial branch block injection is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral C5-C7 medial branch block injection: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back/Facet joint diagnostic blocks.

Decision rationale: According to the ODG, medial branch block injections are for diagnostic purposes. Facet joint diagnostic blocks are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. This worker's pain is radicular. He has a diagnosis of cervical radiculopathy with signs and symptoms consistent with that diagnosis. Therefore, a medial branch block is not medically necessary.