

Case Number:	CM15-0032096		
Date Assigned:	02/25/2015	Date of Injury:	09/13/2007
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/19/2015

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

Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female who sustained an industrial related injury on 2/9/07 due to a motor vehicle accident. Exam note 2/5/15 demonstrates the injured worker had complaints of neck pain, back pain, bilateral shoulder pain, weakness in the upper extremities, blurred vision, hand tremors, and severe headaches. Diagnoses included sexual dysfunction, sleep disorder, irritable bowel syndrome, depression, neck pain, and cutaneous lupus. Medications included Plaquenil, Oxycodone, and Celebrex. The treating physician requested authorization for a bilateral C4-5, C5-6, and C6-7 medial branch block with IV sedation. On 2/19/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted it was not clear that the symptoms are clearly facetogenic. There was also no documentation of benefit from previous blocks. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5, C5-6, C6-7 medical branch block with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines

(ODG) Work Loss Data Institute LLC, www.odg-two.com: Section Neck and upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, Table 8-8, page 181, does not recommend facet injection of corticosteroids or diagnostic blocks in the cervical spine. In addition the exam note of 2/5/15 does not demonstrate failed conservative treatment including physical therapy and home exercise program. As the guidelines do not recommend facet blocks and there is lack of conservative management, the determination is for non-certification.