

Case Number:	CM15-0036148		
Date Assigned:	03/04/2015	Date of Injury:	04/23/1990
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: North Carolina, Georgia
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 46 year old male, who sustained an industrial injury on April 23, 1990. The exact mechanism of injury is unknown. The diagnoses have included cervical facet arthropathy, insomnia and status post left wrist cyst removal 12/02/2014. Treatment to date has included diagnostic studies, injections and medication. On January 2, 2015, the injured worker complained of constant neck pain that radiated down the bilateral upper extremities. The pain was accompanied by numbness. He also complained of ongoing temporal headaches and insomnia associated with ongoing pain. The pain was rated as an 8 on a 1-10 pain scale with medications and as a 10/10 on the pain scale without medications. His activities of daily living limitations involve self care and hygiene, activity, hand function and sleep. On January 27, 2015 Utilization Review non-certified one bilateral C3-5 median branch nerve block and one orthopedic bed with generic mattress, noting the ACOEM and Official Disability Guidelines. On February 26, 2015, the injured worker submitted an application for Independent Medical Review for review of one bilateral C3-5 median branch nerve block and one orthopedic bed with generic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral C3-5 median branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back and neck, cervical diagnostic facet blocks.

Decision rationale: CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. No more than two facet joint injections should be blocked in a single session. The pain in this case is clearly described as having a radicular component and C3-C5 median branch (facet) nerve block is not indicated.

1 Orthopedic bed with generic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low back- Lumbar & Thoracic (Acute& Chronic) Mattresses, Low Back disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Mattress selection.

Decision rationale: CA MTUS and ACOEM are silent on the topic of bed and mattress selection. The ODG section on low back states there are no high quality studies to support the purchase of any specialized mattress or bedding for treatment of low back pain. An orthopedic bed with generic mattress is not medically indicated.