

Case Number:	CM15-0036782		
Date Assigned:	03/05/2015	Date of Injury:	11/27/2013
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 27, 2013. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve requests for multilevel medial branch blocks. The claims administrator referenced progress notes of January 27, 2015 and December 24, 2014, along with an RFA form dated February 3, 2015. The claims administrator contended that the applicant was not working and had multifocal complaints of neck and low back pain. The claims administrator noted that the applicant also had unspecified amounts of physical therapy, acupuncture, and manipulative therapy. The claims administrator did not reference any guidelines in its determination. The applicant's attorney subsequently appealed. In a February 15, 2015 work status report, the applicant was placed off of work, on total temporary disability. In a progress note dated September 2, 2014, the applicant was described as status post earlier lumbar epidural steroid injection therapy. The applicant was not working and was off of work, on total temporary disability, the treating provider acknowledged, the applicant was given refills of naproxen, Prilosec, and Methoderm. On November 5, 2014, MRI imaging of the cervical spine was sought, along with electrodiagnostic testing of the lower extremities, apparently to rule out diagnosis of cervical and/or lumbar radiculopathy, the treating provider contended. On November 17, 2014, the attending reiterated his request for electrodiagnostic testing of the lower extremities and cervical MRI imaging. The attending provider suggested that the applicant could have issues with cervical radiculopathy versus cervical facet syndrome. On January 20, 2015, the applicant

reported ongoing complaints of headaches, moderate to severe. The applicant was not working. 6/10 pain complaints were noted. Multilevel cervical medial branch blocks were endorsed. The applicant was described as having cervical MRI imaging demonstrating facet arthropathy, neuroforaminal narrowing, and multilevel disk desiccation. Multiple medications were endorsed, along with a rather proscriptive 20-pound lifting limitation which was seemingly resulting in the applicant's removal from the workplace. Naproxen, Prilosec, Norflex, and Methoderm were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic differential medial branch block bilateral C5, C6, C7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the proposed multilevel cervical medial branch blocks were not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch block at issue are deemed "not recommended." Here, it is noted that there is considerable lack of diagnostic clarity present here. The applicant has been given various diagnoses involving the cervical spine, including cervicogenic headaches, nonspecific neck pain, facet syndrome, degenerative disk disease, etc. The applicant's presentation, thus, is not consistent with facetogenic neck pain for which the diagnostic medial branch blocks at issue could be considered. The request, does, is not indicated both owing to (a) unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.