

Case Number:	CM15-0042673		
Date Assigned:	03/12/2015	Date of Injury:	09/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male who sustained an industrial injury on 09/12/2014. Current diagnoses include cervical radiculopathy and sprain/strain cervical. Previous treatments included medication management, physical therapy, and modified activity/work. Report dated 09/19/2014 noted that the injured worker presented with complaints that included neck pain. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included expected maximum medical improvement date 10/31/2014, here for follow-up on neck injury x 7 days, the injured worker is requesting second opinion for specific physician for symptoms because "my lawyer said I have the right" and request made, and injured worker takes hydrocodone for chronic back pain issued by another prescriber, and continue with PT and 8 hour work day. Disputed treatment includes medial branch block injection on the right side at C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block injection on the right side at C5-C6 and C6-C7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back - Facet joint therapeutic steroid injections.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for neck pain. When seen by the requesting provider there was positive right cervical facet loading with tenderness and decreased range of motion. Treatments had included medications, physical therapy, and chiropractic care. There was normal strength and sensation. Facet joint diagnostic blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. No more than two joint levels are to be injected in one session. In this case, the claimant has failed conservative treatments and does not have radicular symptoms or findings of radiculopathy. The number of medial branch blocks is within guideline recommendations and therefore medically necessary.