

Case Number:	CM15-0048583		
Date Assigned:	03/20/2015	Date of Injury:	09/05/2000
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 53 year old female who sustained an industrial injury on 09/05/2000. She reported neck pain. The injured worker was diagnosed as having cervical spinal stenosis, disc disorder, spinal lumbar degenerative disc disease, hip bursitis, brachial neuritis not otherwise specified, cervical disc degeneration, cervical radiculopathy, carpal tunnel syndrome, spinal cord injury not otherwise specified, situation post cervical C3-C-7 laminectomy, lumbar radiculopathy, disc disorder, and lumbar facet syndrome. Treatment to date has included surgery, and medications. Currently, the injured worker complains of pain in the neck and wrists. A request for authorization is submitted for bilateral C3, C4 and C5 medial branch blocks. The injured worker is status post cervical fusion C4-5 and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3, C4 and C5 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-online version- Neck-Medial Branch Blocks, Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

Decision rationale: According to the Official Disability Guidelines, facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the injured worker is status post cervical fusion C4-5 and C5-6. The request for medial branch blocks at C3, C4 and C5 would not be substantiated as the proposed levels to be injected include the fused cervical levels. The request for Bilateral C3, C4 and C5 medial branch blocks is therefore not medically necessary and appropriate.