

Case Number:	CM15-0050928		
Date Assigned:	03/24/2015	Date of Injury:	12/20/2008
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 41 year old female who slipped and fell on ice and sustained an industrial injury on December 20, 2008. A magnetic resonance imaging (MRI) of the right shoulder and cervical spine were performed in March 2012. The injured worker was diagnosed with cervicalgia, arthropathy of the cervical facet joint, cervical degenerative disc disease and brachial neuritis. Treatment to date has included chiropractic therapy, opioids, anti-inflammatory medications, and muscle relaxants. According to the primary treating physician's progress report on February 5, 2105, the patient continues to experience right posterior and right lateral neck pain radiating to the right shoulder and right arm associated with headaches and upper extremity weakness. Examination of the cervical spine demonstrated tenderness to palpation in the upper right trapezius area and the paravertebral muscles at C3-7 with decreased range of motion. There is numbness and tingling of the cervical region to the right hand and fingers. Current medications are listed as Cymbalta, Valium, Provigil, Zofran, Baclofen, Oxycodone, Morphine Sulfate IR and Methadone. Treatment plan consists of prescribed medications and the request for a C4, C5 and C6 cervical medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral cervical medial branch nerve block at C4, C5, C6 levels: Upheld

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 and Upper Back, Facet joint diagnostic blocks.

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 is more than 3 years status post work-related injury and continues to be treated for chronic neck pain. She has radiating symptoms into the right upper extremity with numbness and tingling and weakness. 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. In this case, the claimant has complaints consistent with radicular pain from cervical radiculopathy. Therefore, the requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.