

Case Number:	CM15-0053103		
Date Assigned:	03/26/2015	Date of Injury:	10/29/2012
Decision Date:	05/12/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on 10/29/2012. She reported symptoms to her neck, bilateral shoulders, bilateral hands, and low back secondary to repetitive work activities. The injured worker was diagnosed as having cervicgia, cervical radiculopathy, cervical disc protrusion, carpal tunnel syndrome, history of trigger finger release, left hand pain, gastritis, and cervicogenic headache. Treatment to date has included cervical epidural steroid injection, laboratory studies, magnetic resonance imaging of the left shoulder, x-ray of the cervical spine, electromyogram with nerve conduction velocity, acupuncture, medication regimen, chiropractic care, and home exercise program. In a progress note dated 01/05/2015 the treating provider reports complaints of aching pain in the neck and shoulder along with limited range of motion to the right arm. The medical records provided did not contain the request for bilateral cervical facet medial branch blocks at levels cervical four, five and six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet medial branch blocks at C4,C5 and C6 level: 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).

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 - Lumbar & Thoracic facet joint injections.

Decision rationale: Injured workers being treated for chronic neck pain diagnosed as left cervical radiculopathy secondary to cervical disc protrusion, carpal tunnel syndrome and cervicogenic headaches. EMG revealed evidence of a bilateral C7-8 chronic cervical radiculopathy. Physical examination reveals decreased sensation in the left hand, positive Spurling's and weakness of the left triceps and intrinsic hand muscles. There is also evidence of tenderness of the left palm and cervical paraspinal muscles, upper trapezius and scapular muscles. Records indicate C7-T1 cervical epidural steroid injection was performed on 1/22/15. Request was subsequently made for bilateral cervical facet blocks at C4, C5 and C6. ODG criteria for medial branch blocks indicate there should be no evidence of radiculopathy, spinal stenosis or previous fusion; and that no more than 2 joint levels may block at any time. In addition, there should be evidence of formal plan of exercise in addition to facet joint injection therapy. In the case of this injured worker cited guidelines are not met and therefore the request is not medically necessary.