

Case Number:	CM15-0057008		
Date Assigned:	04/01/2015	Date of Injury:	04/11/2012
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker was a 51-year-old male, who sustained an industrial injury, April 11, 2012. The injury was seat belted driver when the car was hit in the rear by another vehicle. The injured worker complained immediately of neck pain. sustained The injured worker previously received the following treatments home gym, 6 chiropractic visits, Tramadol, Flexeril, Zipsor, cervical steroid injection. The injured worker was diagnosed with strain neck muscle and strain of back and symptomatic cervical disc disease without radiculopathy. According to progress note of January 28, 2015, the injured workers chief complaint was right posterior neck pain, causing headaches. The injured worker had stiffness and loss of range of motion to the cervical neck. The physical exam noted decreased range of motion. The injured worker received some relief form the epidural steroid injection. The treatment plan included urgent medial branch block right of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back- Facet joint diagnostic blocks;Facet joint injections;Facet joint pain, signs & symptoms.

Decision rationale: Medial branch block, right is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that clinical presentation should be consistent with facet joint pain, signs & symptoms. The ODG states that facet joint therapeutic blocks are not recommended. If done anyway when performing therapeutic blocks, no more than 2 levels may be blocked at any one time. The ODG states that no reports from quality studies regarding the effect of therapeutic intra-articular steroid injections are currently known. Facet joint diagnostic blocks are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The request cannot be certified, as there is no specification of what level this injection would be and whether this correlates to physical exam findings. The request is therefore not medically necessary.