

Case Number:	CM15-0057453		
Date Assigned:	04/02/2015	Date of Injury:	02/01/2014
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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 50 year old female who sustained an industrial injury on 2/1/14. The injured worker reported symptoms including headaches, neck pain and muscular tightness. The injured worker was diagnosed as having headache, cervical spondylosis without myelopathy and cervical root lesions not elsewhere classified. Treatments to date have included trigger point injections, epidural steroid injection, rest, cold compress, oral analgesics and oral pain medication. Currently, the injured worker complains of headaches, neck pain and muscular tightness. The plan of care was for a medial branch block and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4 Facet Joint Medial Branch Block: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 2, Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181.

Decision rationale: MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radiating pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. The patient exhibits chronic symptoms with previous treatment of trigger point and epidural steroid injections for radiating pain. Submitted reports have no indication for failed conservative trial for diagnoses of cervical spondylosis. Criteria per Guidelines have not been met. The C3-C4 Facet Joint Medial Branch Block is not medically necessary and appropriate.