

Case Number:	CM15-0061140		
Date Assigned:	04/07/2015	Date of Injury:	03/06/2013
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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: Preventive Medicine, Occupational 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 is a 46-year-old male, who sustained an industrial injury on March 6, 2013. He has reported neck pain, arm pain, upper back pain, and lower back pain. Diagnoses have included cervical spine degenerative disc disease, cervical spine spondylosis, cervical spine disc displacement, cervical spine stenosis, and bilateral upper extremity radiculitis. Treatment to date has included medications and injections. A progress note dated March 11, 2015 indicates a chief complaint of neck pain, bilateral arm pain, and upper back pain. The treating physician documented a plan of care that included cervical medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical branch block at C5-C6 and C6-C7: 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 & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: According to the Official Disability Guidelines, cervical facet joint therapeutic steroid injections are not recommended. Medial branch blocks are generally considered a diagnostic block. Studies indicate that there was no role for steroid in the blocks, and the mechanism for the effect of local anesthetic only could only be speculated on. Cervical branch block at C5-C6 and C6-C7 are not medically necessary.