

Case Number:	CM15-0081997		
Date Assigned:	05/04/2015	Date of Injury:	11/02/2012
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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: Internal Medicine, Rheumatology

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 sustained an industrial injury on 11/2/12. The injured worker reported symptoms in the neck, back, and right upper extremity. The injured worker was diagnosed as having right C5-6 and C6-7 foraminal stenosis, right cervical radiculopathy, right shoulder impingement syndrome, thoracic strain, status post anterior cervical discectomy and fusion (12/12/13). Treatments to date have included chiropractic treatments, heat, massage, activity modification, physical therapy, injections, acupuncture treatment, and medications. Currently, the injured worker complains of pain in the neck, back, right upper extremity, right shoulder and associated headaches. The plan of care was for medial branch blocks 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:

Right C3-5 Diagnostic Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: This 41 year old female has complained of neck and back pain since date of injury 11/2/12. She has been treated with surgery, physical therapy, injections, medications and acupuncture. The current request is for Right C3-5 Diagnostic Medial Branch Blocks. Per the MTUS guidelines cited above, invasive techniques (needle acupuncture and injection procedures, such as injection of trigger points, facet joints or corticosteroids, lidocaine or opioids in the epidural space) have no proven benefit in the treatment of neck and upper back complaints. On the basis of the MTUS guidelines cited above Right C3-5 Diagnostic Medial Branch Blocks is not medically necessary.