

Case Number:	CM15-0082054		
Date Assigned:	05/04/2015	Date of Injury:	02/01/2011
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female who sustained an industrial injury on 02/01/2011. Current diagnoses include foot pain, cervical radiculopathy, disc disorder cervical, cervical strain, and sprains/strains of thoracic region. Previous treatments included medication management and cervical epidural steroid injection. Previous diagnostic studies include an MRI of the thoracic spine, cervical spine, and right ankle. Report dated 02/19/2015 noted that the injured worker presented with complaints that included neck pain. Pain level was 4 out of 10 on the visual analog scale (VAS) with medications. Current medication regimen includes Voltaren gel, Morphine sulfate IR, Neurontin, Norco, Robaxin, and nabumetone Physical examination was positive for abnormal findings. The treatment plan included working 20-30 hours per week, pain medications from PCP, request for diagnostic left cervical C3-C5 medial branch blocks to determine if she is a candidate for cervical radio frequency ablation rhizotomy procedure. Disputed treatments include medial branch block left C3, C4 and C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block left C3, C4 and C5: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic neck pain. When seen, she was not having radiating arm symptoms. Physical examination findings included decreased and painful cervical spine range of motion. There was paraspinal muscle tenderness with increased muscle tone and spasms and spinous process tenderness. An MRI of the cervical spine had shown multilevel spondylosis without definite neural compromise. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. No more than two joint levels are to be injected in one session. In this case, the claimant has failed treatment with medication and physical therapy. There are no radicular symptoms. She has neck pain with restricted range of motion. The number of medial branch blocks is within guideline recommendations and can be considered as medically necessary.