

Case Number:	CM15-0083057		
Date Assigned:	05/26/2015	Date of Injury:	12/06/2004
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: Emergency 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 54-year-old, male who sustained a work related injury on 12/6/04. The diagnoses have included spondylosis without myelopathy, cervical degenerative disc disease, cervical spinal stenosis and long-term medication use. Treatments have included medications, chiropractic treatments, home exercises, physical therapy, heat/ice therapy, biofeedback, massage, cervical epidural steroid injections with great relief and TENS unit therapy. In the Office Visit Note dated 4/10/15, the injured worker complains of increased neck pain. He has neck pain that radiates to upper back. He described the pain as constant, aching, moderate to severe with headache, stiffness and tenderness. His average pain level is 8/10. He has limited range of motion in neck with tenderness and stiffness. His activities of daily living are significantly impaired by pain. He states he is doing "poorly." The treatment plan includes a request for authorization of a right cervical medial branch block steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-4, 4-5, 5-6 medial branch block under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, facet joint diagnostic blocks.

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

Decision rationale: The requested Right C3-4, 4-5, 5-6 medial branch block under fluoroscopy, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has increased neck pain. He has neck pain that radiates to upper back. He described the pain as constant, aching, moderate to severe with headache, stiffness and tenderness. His average pain level is 8/10. He has limited range of motion in neck with tenderness and stiffness. The treating physician has not documented the medical necessity for a repeat medial branch block versus a radiofrequency ablation. The criteria noted above not having been met, Right C3-4, 4-5, 5-6 medial branch blocks under fluoroscopy is not medically necessary.