MAXIMUS Federal Services

Case Number:	CM15-0084378		
Date Assigned:	05/06/2015	Date of Injury:	02/29/2008
Decision Date:	06/23/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 47 year old female who sustained an industrial injury on 02/29/2008. The injured worker was diagnosed with herniated cervical disc, cervical radiculopathy and cervical spondylosis. There were past diagnoses upper extremities tenosynovitis and lateral epicondylitis. Treatment to date includes activity modification, physical therapy/occupational therapy, home exercise program and medications. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience right side neck pain barely controlled with current medication regimen. Overall, the injured worker notes approximately 30% improvement with medications. The injured worker rates her pain level at 8/10 at its worse and an average of 5/10. Examination of the cervical spine demonstrated tenderness in the cervical paravertebral muscles bilaterally at C4-C5 and C5-C6 with reduced range of motion. Spurling test is positive on the right for neck pain. Current medications are listed as Hydrocodone 5/325mg, Tramadol, Ambien, Lidoderm Patch, Zoloft and Savella. Treatment plan consists of increasing Hydrocodone to 10/325mg; continue activity, core strengthening and home exercise program and the current request for a diagnostic right medial branch block C4-5 and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial branch block C4-5 and C5-6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond to conservative treatments with medications and PT. The records show that the patient had failed medications management and PT. There are subjective, objective and radiological findings consistent with the diagnosis of non radicular cervical facet arthropathy and spondylosis. The most current reports did not show findings supporting a diagnosis of cervical radiculopathy. The criteria for right C4-C5 and C5-C6 facet median branch blocks was met and therefore the request is medically necessary.