

Case Number:	CM14-0121116		
Date Assigned:	08/08/2014	Date of Injury:	10/25/2010
Decision Date:	09/30/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on October 25, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 22, 2014, indicated that there were ongoing complaints of left knee pain. Current medications include Vicodin, Ambien, and monopril. The physical examination demonstrated tenderness at the medial aspect of the left knee and range of motion from 0°. Patellofemoral crepitus was noted. A previous note, dated July 7, 2014, included a complaint of right sided neck pain. The physical examination noted tenderness over the lower cervical spine paraspinal muscles and facet joints. There was a normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine showed a disc protrusion at C3-C4 and mild to moderate spinal stenosis from C4 through C6 and moderate right-sided foraminal narrowing at C3-C4. Previous treatment included cortisone injections for the knee and oral medications. A request had been made for a left-sided C5-C6 medial branch block and was not certified in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical 5-6 Dorsal Medial Branch Diagnostic Block QTY:1: 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): Criteria for Medial Branch Block; <http://www.odg-twc.com/odgtwc/neck.htm#Facetjointinjections>.

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, Facet Joint Diagnostic Blocks, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for the use of diagnostic blocks for facet nerve pain include documentation of failure of conservative treatment to include home exercise, physical therapy, and anti-inflammatory medications. A review of the attached medical records does not indicate that there has been a failure of prior conservative treatment. As such, this request for left sided cervical C5-C6 dorsal medial branch blocks are not medically necessary.