

Case Number:	CM14-0121140		
Date Assigned:	08/06/2014	Date of Injury:	02/19/2003
Decision Date:	10/08/2014	UR Denial Date:	07/22/2014
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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 injured worker is a 59 year old male whose date of injury is 02/19/2003. The mechanism of injury is not described. The injured worker is status post chemodenervation of the cervical region and bilateral extremities and trunk with botulinum toxin on 07/02/13 and 01/17/14. The injured worker reported 6 months of relief. The injured worker underwent repeat procedure on 06/12/14. Diagnoses are muscle spasm, cervical dystonia and thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Facet Block at C3-C7 with radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Summary procedure last updated 04/14/2014

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 Chapter, Facet joint diagnostic blocks

Decision rationale: Based on the clinical information provided, the request for bilateral cervical facet block at C3 to C7 with radiofrequency is not considered as medically necessary. The

request is excessive as the Official Disability Guidelines note that no more than two levels should be performed. There is no current, detailed physical examination submitted for review. The Official Disability Guidelines require documentation of successful diagnostic medial branch blocks prior to radiofrequency procedure, which is not documented in the submitted clinical records. Therefore, this request is not medically necessary.