

Case Number:	CM14-0129858		
Date Assigned:	08/20/2014	Date of Injury:	10/01/2013
Decision Date:	11/19/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Texas & Florida. 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 patient is a 48 year old male who was injured on 10/1/2013. The diagnoses are neck pain and headache. There are associated diagnoses of anxiety, depression and memory deficits. The patient completed PT, chiropractic treatment and home exercise program. The MRI of the cervical spine showed multilevel disc bulges with canal narrowing and contact with existing nerve root. On May 1 2014, [REDACTED] requested for cervical epidural steroid injection based on the MRI findings. The most recent note dated 7/29/2014 is handwritten and not legible. The pain was noted to be severe at 6-8/10 at a scale of 0 to 10. The medications were not listed. There is objective finding of tenderness of the paravertebral cervical muscles, decreased range of motion of the cervical spine and tenderness of the sub-occipital area. A Utilization Review determination was rendered on 8/4/2014 recommending non certification for bilateral C4-C5 facet median branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4 - C5 Medial Branch Block: 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); regarding Facet Medial Branch Blocks

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

Decision rationale: The CA MTUS guidelines did not specifically address the utilization of median branch blocks for the treatment of neck pain. The ODG guidelines recommend that diagnostic facet median branch blocks can be utilized for the treatment of cervical pain of facet origin when conservative treatment with medications and PT have failed and the pain is not radicular in nature. The records indicate that the MRI finding is indicative of significant disc pathology. There was no indication of facet causes for the neck pain. [REDACTED] had requested cervical epidural steroid injections in May, 2014 for the treatment of the neck pain. The criteria for bilateral C4-C5 median branch blocks were not met therefore, this request is not medically necessary.