

Case Number:	CM14-0042441		
Date Assigned:	06/27/2014	Date of Injury:	02/08/2012
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 injured worker is a 39-year-old male who was reportedly injured on 2/8/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 1/16/2014, indicated that there were ongoing complaints of neck and shoulder pains. The physical examination demonstrated cervical spine limited range of motion due to pain, positive tenderness to palpation and muscle spasm noted on the left side and tenderness in the rhomboids, external clavicular joint, trapezius, with hypertonicity noted over the sternocleidomastoid and scalenes on the left. Left shoulder had positive tenderness to palpation over the acromioclavicular joint. No recent diagnostic studies were available for review. Previous treatment included medications and conservative treatment. A request was made for facet nerve block at left C3-C4, C4-C5, and C5-C6 and was not certified in the pre-authorization process on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical 3-4, Cervical 4-5, Cervical 5-6 Facet Nerve Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: Cervical facet nerve blocks have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. Based on the clinical documentation provided, the clinician did not provide rationale for deviation from the guidelines. As such, this request is not considered medically necessary.