

Case Number:	CM14-0089719		
Date Assigned:	07/23/2014	Date of Injury:	11/16/2012
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation, and is licensed to practice in Texas. 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 38 year old female whose date of injury is 11/16/2012. The mechanism of injury is described as a slip and fall. Treatment to date includes left shoulder rotator cuff repair on 12/06/13 and cervical epidural steroid injection at C5-6 in January 2014. Follow up note dated 05/20/14 indicates that the injured worker misses more than half of her physical therapy visits and when she does attend, she leaves halfway through the therapy session without telling anyone. Progress report dated 06/10/14 indicates that the injured worker complains of neck pain radiating to the bilateral upper extremities. On physical examination cervical range of motion is limited. There is significant tenderness over the C3 to C7 facet joints bilaterally. Upper extremity reflexes are absent at both triceps, diminished at both biceps and present at both elbows. The injured worker was recommended to undergo medial branch blocks bilateral C5-C7. Diagnoses are cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, left shoulder sprain/strain, left shoulder impingement syndrome, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Diagnostic Therapeutic Cervical Medial Branch Nerve Blocaks with Depomedrol at C-5, C6, and C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back Chapter.

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 diagnostic therapeutic cervical medial branch nerve blocks with Depomedrol at C5, C6 and C7 is not recommended as medically necessary. The injured worker presents with a diagnosis of cervical radiculopathy. The Official Disability Guidelines note that these blocks are limited to injured workers with neck pain that is non-radicular. Additionally, there appears to be a compliance issue as the injured worker is noted to miss half of her recent physical therapy visits and when she does attend she leaves the session halfway through without discussing it with anyone. Given the presence of radiculopathy and the documented noncompliance with treatment, the requested blocks are not medically necessary.