

Case Number:	CM14-0096441		
Date Assigned:	07/28/2014	Date of Injury:	07/14/2001
Decision Date:	10/01/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 51-year-old gentleman who was reportedly injured on July 19, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 13, 2014, indicates that there are ongoing complaints of neck pain radiating to the upper extremities. Current medications include Dilaudid, Zofran, soma, and lorazepam. The physical examination demonstrated tenderness and spasms of the cervical spine paraspinal muscles and pain with range of motion. There was decreased strength of the right upper extremity 4/5 compared to the left. There was also decreased sensation in the left thumb, index finger, and middle finger as well as decreased sensation in the right index finger. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes cervical spine surgery with a fusion at C3 - C4, C5 - C6, and C6 - C7 as well as a cervical rhizotomy. A request was made for bilateral C-4 - C-5 facet medial branch blocks and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 Facet Medial Branch Nerve Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 cervical facet block should not be performed on individuals that have radicular symptoms. The recent progress note dated May 13, 2014, indicates the presence of radicular findings in both upper extremities. As such, this request for bilateral C4 - C5 facet medial branch nerve blocks is not medically necessary.