

Case Number:	CM15-0018327		
Date Assigned:	02/06/2015	Date of Injury:	08/03/2010
Decision Date:	04/14/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 28-year-old female sustained an industrial injury on 08/03/2010. Current diagnoses include cervical strain, shoulder pain, and spasm of muscle. Previous treatments included medication management, heat/ice, TENS unit, cortisone injection, and physical therapy. Report dated 12/30/2014 noted that the injured worker presented with complaints that included left shoulder and neck pain with pain radiating from the neck down to the left arm. Physical examination was positive for abnormal findings. Utilization review performed on 01/09/2015 non-certified a prescription for left medial branch block C5, C6 and C7, based on clinical information submitted does not support medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Medial Branch Block C5, C6, and C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet joint diagnostic blocks.

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 November 18, 2014.

Decision rationale: The Official Disability Guidelines supports the use of facet joint diagnostic blocks for proposed facet joint pain. The most recent progress note dated December 30, 2014 does indicate facet joint tenderness on physical examination and degenerative changes on the cervical spine MRI. However, the guidelines also recommended only two levels be injected at one time. This request is for injections for three nerves. As such, this request is not medically necessary.