

Case Number:	CM15-0116760		
Date Assigned:	06/30/2015	Date of Injury:	01/31/2011
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/17/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This is a 41 year old male with a January 31, 2011 date of injury. A progress note dated January 15, 2015 documents subjective complaints (lower back pain; neck pain with minimal leg radiation; numbness in the hand from time to time; average neck pain rated at a level of 8/10), objective findings (decreased reflexes of the bilateral biceps and triceps; cervical spine muscle spasm; tenderness of cervical facet and paracervical; positive facet loading bilaterally), and current diagnoses (sciatica; lumbar post laminectomy syndrome; neck pain). Treatments to date have included medications, spinal cord stimulator, lumbar spine surgery, psychotherapy, and imaging studies. The medical record indicates that medications improve the neck pain 20%. The treating physician documented a plan of care that included a cervical medial branch block with additional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Block with Additional Level and Fluoroscopic Guidance: 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), 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, medial branch blocks.

Decision rationale: The medical records provided for review report neck pain with radicular features (numbness and reflex decreases). Further ODG guidelines do not support facet injections or medial branch blocks for treatment of pain in association with radiculopathy. As the records demonstrate radicular features, the medical records provided for review do not demonstrate findings in support of cervical medial branch block congruent with ODG. The request is not medically necessary.