

Case Number:	CM15-0127478		
Date Assigned:	07/14/2015	Date of Injury:	07/12/2004
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female with a July 12, 2004 date of injury. A progress note dated June 8, 2015 documents subjective complaints (follow up for neck and back; 50% worse since previous appointment; most of the pain is in the chest on the left side, into the armpit and the neck; tender to the touch; having more frequent headaches; more difficulty sleeping causing her to feel irritable and depressed; aching pain in the neck and mid back; more pain on the left than the right; pain will go up the left side of the head and into the left side of the face causing increased headaches; pain down the posterior aspect of the left arm with burning and aching into the hands bilaterally; burning and aching pain in the pectoralis musculature on the left side and radiates into the neck; increased pain with movement; neck pain rated at a level of 8/10; pain in low back; pain into left hip; pain in the feet; back pain rated at a level of 6/10), objective findings (difficulty with toe walk on the right; significant tenderness to palpation of the cervical spine with spasms into the left trapezius region; decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine; decreased sensation on the right C6 and the left C8 dermatomes to light touch and pinprick; decreased motor strength of the left biceps; decreased but symmetric triceps reflexes bilaterally; positive straight leg raise for pain in the left hip), and current diagnoses (cervical radiculopathy; degenerative disc disease of the cervical spine; herniated nucleus pulposus at C5-6; lumbar radiculopathy). Treatments to date have included home exercise, acupuncture with minimal relief, chiropractic treatment with some relief, physical therapy for the shoulder, electromyogram, medications, and left shoulder

arthroscopies. The treating physician documented a plan of care that included a medial branch block at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial branch block at C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability 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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for neck and mid back pain and headaches. When seen, pain was radiating into the left arm and to the left side of the head and face. There was decreased cervical spine range of motion and tenderness and muscle spasms. There was decreased left upper extremity strength and sensation. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has complaints and physical examination findings consistent with radicular pain from cervical radiculopathy. The requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.