

Case Number:	CM15-0175349		
Date Assigned:	09/16/2015	Date of Injury:	02/04/2009
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial-work injury on 2-4-09. She reported initial complaints of right shoulder pain with injury. The injured worker was diagnosed as having degenerative disc disease of the cervical spine. Treatment to date has included medication, surgery (right shoulder acromioplasty and rotator cuff repair 6-2011, right carpal tunnel release 11-2009, right shoulder arthroscopic rotator cuff repair, biceps tenodesis, revision acromioplasty 8-21-12), ESI (epidural steroid injection) (2), and diagnostics. MRI results were reported on 9-15-14 that demonstrated multilevel degenerative disc disease, mild bony foraminal encroachment at bilateral C6-7 and left C5-6. X-rays of the cervical spine were reported on 9-15-14 that demonstrated significant degenerative disc disease of the cervical spine, mild bony foraminal encroachment of bilateral C6-7 and left at C5-6. Currently, the injured worker complains of axial neck pain with slight radiation to the shoulder. Epidural injections were not helpful. Pain is positional with difficulty turning the head to the right and with a headache component. Medication included Hydrocodone and Acyclovir. Per the primary physician's progress report (PR-2) on 7-27-15, exam noted head tilt to the left, full range of motion with extension and rotation to the left with limitation and exquisite pain with extension and rotation to the right. There is tenderness to palpation over the right side cervical facet joints, but not over the left, grip is 5 out of 5, sensation is intact, 1+ reflex is symmetrical. Current plan of care includes confirming diagnosis doing medial branch blocks. The Request for Authorization date was 8-11-15 and requested service included right cervical medial branch block C4-5 qty: 1.00, right cervical medial branch block C5-6 qty: 1.00 and right cervical

medial branch block C6-7 qty: 1.00. The Utilization Review on 8-18-15 denied the request for failure to meet specific facet joint pain, signs and symptoms, per ODG (Official Disability Guidelines) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical medial branch block C4-5 qty: 1.00: 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), Low 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 chapter and pg 26.

Decision rationale: In this case, the claimant's pain was over the C4-C7 region. However, imaging indicated predominant disease at C5-C7. Although, the claimant does not have radicular signs and did not benefit from an ESI, the request was for multi-level blocks and only 2 are recommended at a time. Since the other levels have more findings, the request for MBB at C4- C5 is not medically necessary or appropriate.

Right cervical medical branch block C5-6 qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low 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 chapter and pg 26.

Decision rationale: In this case, the claimant's pain was over the C4-C7 region. The claimant does not have radicular signs and did not benefit from an ESI, therapy or medication use. There was facet tenderness at C5-C6 and the physician did not feel surgery or fusion was a good option. The request for an MBB of the C5-C6 level is medically necessary and appropriate.

Right cervical medial branch block C6-7 qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low 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 chapter and pg 26.

Decision rationale: In this case, the claimant's pain was over the C4-C7 region. The claimant does not have radicular signs and did not benefit from an ESI, therapy or medication use. There was facet tenderness at C6-C7 and the physician did not feel surgery or fusion was a good option. The request for an MBB of the C6-C7 is medically necessary and appropriate.