

Case Number:	CM15-0024829		
Date Assigned:	02/17/2015	Date of Injury:	02/21/2014
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 was a 53 year old female, who sustained an industrial injury, February 21, 2014. According to progress note of December 5, 2014, the injured workers chief complaint was bilateral neck with radiation to the right shoulder and upper arm with 75% of the pain concentrated in the neck with occasionally radiation down to the arm. The injured worker tried physical therapy and TENS (transcutaneous electrical nerve stimulator) unit only 10% improvement ion functional status. The injured worker rates pain at 7 out of 10, worse with cold; 0 being no pain and 10 being the worse pain. Pain medication only decreased the pain by 10%. The injured worker described the pain as aching, stabbing, throbbing, burning and tingling. The physical exam noted mild spasms, facet and paracervical, the injured worker was able to heel and toe walk normally. The injured worker was diagnosed with spondylosis without myelopathy, degenerative disc disease of the cervical spine, cervical radiculopathy and shoulder impingement syndrome. The injured worker previously received the following treatments physical therapy, TENS (transcutaneous electrical nerve stimulator) unit, December 8, 2014, the primary treating physician requested authorization for Right C3-5 Medical Branch Block. On January 7, 2015, the Utilization Review denied authorization for Right C3-5 Medical Branch Block. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-5 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: Guidelines state that invasive techniques, such as needle injection of trigger points or facet joints, have no proven benefit in treating acute neck and upper back pain. Medial branch blocks are considered diagnostic blocks and should only be used when there is no evidence of radicular pain, spinal stenosis or previous fusion. When performing blocks, no more than 2 levels may be blocked. In this case, the patient has radiculitis, thus medial branch block is not medically appropriate and necessary.