

Case Number:	CM15-0062288		
Date Assigned:	04/21/2015	Date of Injury:	04/20/2011
Decision Date:	05/21/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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: 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 4/20/2011. Diagnoses include cervical facet arthropathy, brachial neuritis, cervical radiculopathy and cervicgia. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), oral medications, compound creams and activity modification. Per the Primary Treating Physician's Progress Report dated 3/09/2015 the injured worker reported neck pain with occasional radiation down the right arm. The pain is rated as 8/10 at its worst and 2/10 at its best. Physical examination of the cervical spine revealed cervical facet tenderness upon palpation at C3-4 and C4-5. Anterior flexion is noted to be 20 degrees with pain. Extension is 25 degrees without pain. Left lateral rotation is 60 degrees without pain and right lateral rotation is 30 degrees no pain noted. Right lateral flexion is 15 degrees with pain. The plan of care included injections and authorization was requested for cervical facet joint medial branch block right side C3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint Medial Branch Block Right Side C3-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - neck, facet blocks.

Decision rationale: The medical records provided for review do indicate physical exam findings consistent with positive facet provocative testing and the records do delineate specific treatments performed to date and failure of conservative treatment to address the pain. ODG guidelines support facet MBB blocks for patients with demonstrated facet mediated pain as demonstrated by physical exam findings and demonstrated failure of at least 6 weeks of conservative care. As such, the medical records provided for review do support MBB blocks for the insured. The request IS medically necessary.