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| Case Number: | CM15-0064328 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 05/29/1997 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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: 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 53-year-old male, who sustained an industrial injury on 5/29/1997. Diagnoses have included cervical spondylosis without myelopathy, spinal stenosis in the cervical region, lumbar spondylosis and myofascial pain syndrome. Treatment to date has included cervical medial branch nerve block, right C2-C5 medial branch nerve radio frequency ablation and medication. The injured worker is status post positive bilateral medial branch blocks C2-5 on 9/17/14. According to the progress report dated 2/18/2015, the injured worker complained of cervical spine pain. The injured worker was status post radio frequency ablation on both the right and left side with 80% improvement in pain. The cervical spine pain was described as severe and mostly on the left compared to the right. Palpation of the cervical facet revealed pain in C3-C7 region on the left side and tenderness. Authorization was requested for left C2-C5 cervical medial branch nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C2-C5 cervical medial branch nerve block: 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-Treatment in Workers' Compensation, Pain procedure summary online version (updated 01/19/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

Decision rationale: According to ODG's criteria for the use of diagnostic blocks for facet nerve pain, one set of diagnostic medial branch blocks is required. ODG notes that the diagnosis of facet mediated pain is recommended with a medial branch block at the level of the presumed pain generator. In this case, the injured worker is status post positive bilateral medial branch blocks C2-5 on 9/17/14. The request for repeat medial branch block is not supported per evidence-based guidelines. The request for Left C2-C5 cervical medial branch nerve block is not medically necessary and appropriate.