

Case Number:	CM15-0067193		
Date Assigned:	04/14/2015	Date of Injury:	01/20/2012
Decision Date:	05/13/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 59 year old female, who sustained an industrial injury on January 20, 2012. Treatment to date has included medial branch block of the lumbar spine bilateral L3-4, 4-5 and 5-S1 and medication. Currently, the injured worker complains of continued neck and back pain as well as shoulder pain. She reports great pain relief with Butrans patch and had a great response to a lumbar medial branch block. She reports over 80% relief with her treatment and her medications allow her to perform her activities of daily living and her work. She rates her pain an 8 on a 10-point scale when using medications. Diagnoses associated with the request included low back pain, cervicalgia, and sacroiliac joint dysfunction. Her treatment plan includes medication and cervical medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block at bilateral C3-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-Facet joint diagnostic blocks.

Decision rationale: Cervical medial branch block at bilateral C3-C7 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS ACOEM Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. The ODG states that the guidelines states that no more than two levels should be injected bilaterally. The request exceeds the recommended number of levels for injections therefore this request is not medically necessary.