

Case Number:	CM15-0073105		
Date Assigned:	04/23/2015	Date of Injury:	12/14/2010
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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: Internal Medicine, Rheumatology

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 63 year old male, who sustained an industrial injury on 12/14/2010. He reported an automobile accident suffering severe neck pain that radiated to right shoulder, and right arm/wrist symptoms. Diagnoses include cervical sprain with radiculitis, multilevel cervical disc bulge, status post cervical fusion in 2012, tendinitis of the right shoulder, multilevel lumbar disc disease, and severe spinal stenosis symptoms, and tendinitis bilateral wrists. Treatments to date include physical therapy, medication therapy, steroid injection to the right shoulder, physical therapy. Currently, he complained of continued neck and shoulder pain with headaches five out of seven days a week. On 2/2/15, the physical examination documented ongoing axial neck pain with referred pain to shoulders and upper occiput with severe headaches on both sides, consistent with facet disease and cervical spondylosis. The plan of care included right cervical medical branch block (MMB) to C2, C3, C4, and C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Medial Branch Block C2-C5: 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 updated 11/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

Decision rationale: This 63 year old male has complained of neck pain, shoulder pain and right arm pain since date of injury 12/14/10. He has been treated with cervical spine surgery, injections, physical therapy and medications. The current request is for right Medial Branch Block C2-C5. Per the ACOEM guidelines listed above, invasive techniques in the treatment of neck pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are not recommended. On the basis of the MTUS guidelines, cervical right medial branch block C2-5 is not medically necessary.