

Case Number:	CM15-0077183		
Date Assigned:	04/28/2015	Date of Injury:	11/01/2012
Decision Date:	06/12/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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, North Carolina
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 41 year old male who sustained an industrial injury on November 1, 2012. He has reported neck pain with some radiation to the shoulder and has been diagnosed with cervical facet pain involving C3-4 and C5-6. Treatment has included medical imaging, medications, injections, and chiropractic care. Examination of the neck showed exquisite pain with extension and rotation of the cervical spine, left slightly more so than the right. When he extended his neck and turned to the right, he experienced pain on the right with some radiation towards the shoulder. When he turned to the left, he experienced pain on the left with no radiation. Magnetic Resonance Imaging dated July 15, 2014 showed minimal degenerative changes, no focal significant neuroforaminal narrowing, and degenerative disc changes. The treatment request included a bilateral cervical medial branch blocks at C3-C4, C4-C5, and C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical medial branch blocks at C3-C4, C4-C5, C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for the use of diagnostics blocks for facet nerve pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MBB.

Decision rationale: The claimant has chronic neck pain with radiation to the shoulder following an injury in 2012. The request is for confirmatory cervical medial branch blocks (MBB) at C3-C4, C4-C5, and C5-C6. The claimant previously underwent MBB at the same levels on 3/17/2015 with 100% pain relief for greater than 48 hours. There is no rationale presented concerning why a confirmatory test is necessary in light of the recent positive test. This request is not medically necessary.