

Case Number:	CM15-0078284		
Date Assigned:	04/29/2015	Date of Injury:	12/01/2010
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
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

Certification(s)/Specialty: Emergency 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 (IW) is a 38-year-old male who sustained an industrial injury on 12/01/2010. Diagnoses include chronic cervical spine pain, cervicogenic migraine and multilevel cervical disc bulging. Treatment to date has included medications, physical therapy, stretching and exercises, epidural steroid injections and acupuncture. Diagnostics included x-rays and MRIs. According to the PR2 dated 3/17/15, the IW reported neck pain with numbness, tingling, weakness and pain in both arms. On examination, palpation over the left C2 to C5 facet capsules was painful, with secondary myofascial pain and triggering. Progress note specifically states that patient has radicular pains. MRI dated 3/23/13 revealed multilevel disc bulges. Patient has had reportedly multiple >40 sessions of physical therapy, multiple sessions of chiropractic and acupuncture. Patient also had a reported epidural steroid injection at left C6-7 that improved pain by 60% "for a few days." A request was made for dorsal rami diagnostic blocks, left C4, C5 and C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal Rami Diagnostic Block Left C4, C5 and C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Neck and Upper Back: Facet joint diagnostic blocks.

Decision rationale: MTUS Chronic pain guidelines and ACOEM guidelines do not have enough details to aid in review therefore Official Disability Guideline was reviewed instead. Facet joint diagnostic blocks (similar to dorsal rami diagnostic block) may be considered prior to facet neurotomies. Documentation fails criteria for recommendation. Guidelines do not recommend more than 2 levels to be blocked and is not recommended with patient with radicular pain. Due failure of meeting guideline criteria, dorsal rami diagnostic blocks are not medically necessary.