

Case Number:	CM15-0091729		
Date Assigned:	05/18/2015	Date of Injury:	01/12/2015
Decision Date:	06/24/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/12/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 46-year-old male, who sustained an industrial injury on 1/12/15. He reported slipping on a wet ramp and injuring his left elbow and arm and left side of his neck. The injured worker was diagnosed as having cervical spondylosis and cervical disc displacement. Treatment to date has included chiropractic treatments, physical therapy, acupuncture, NSAIDs and opioid medications. As of the PR2 dated 4/1/15, the injured worker reports pain in the middle of the spine that radiates to the base of the skull and into the left shoulder blade. Objective findings include pain with neck extension and left bending, left cervical paraspinal muscles are tender, spasm, and tenderness to palpation of the left cervical facet joints. The cervical MRI on 2/16/15 showed multilevel degenerative changes worse at C5-C6, C6-C7 and C7-T1 and a broad disc protrusion at C6-C7. The treating physician requested a second level, with fluoroscopy of CT guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second level, with fluoroscopy or CT guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG states that the clinical presentation should be consistent with facet joint pain prior to administering diagnostic blocks. The patient slipped and has residual neck and elbow pain after falling. The options provided are medial branch blocks followed by epidural steroid injection with referral to a surgeon if neither injection is beneficial. The patient has received chiropractic care and physical therapy. The physical exam findings from the two prior treating physicians differ markedly from the most recent exam, which requests the medial branch blocks. The findings describing axial pain with pain reproduced by provocative maneuvers for facet-mediated pain were not present until the most recent examination. These findings may be temporary and resolve on their own since the two prior doctors were not able to elicit these findings. ODG states that the findings should be consistent with facet-mediated pain prior to proceeding with blocks. Since these physical exam findings are inconsistent, this request for medial branch blocks is not medically necessary.