

Case Number:	CM13-0012467		
Date Assigned:	09/20/2013	Date of Injury:	03/19/1998
Decision Date:	01/06/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old male who was status post anterior cervical discectomy and fusion C4-7 in the past and status post left shoulder surgery. The 11/27/12 cervical spine x-rays showed postoperative changes with inter body fusion at C6-7. There may have been remote fusions at C4-5 and C5-6. There were no acute findings. The claimant has been treating with pain management for complaints of neck and left shoulder pain. The 06/17/13 left shoulder x-ray report revealed no acute fracture or dislocation. There was calcific tendonitis. On 07/15/13, the claimant reported neck and left shoulder pain. Motor and sensation was intact. There was cervical spine tenderness with muscle spasms and bilateral facet loading signs. Cervical spine range of motion was decreased. Motor and sensation were intact. There was left shoulder tenderness. Diagnosis was cervical spondylosis without myelopathy, cervicgia, and pain in shoulder. The claimant has been treated with Gabapentin, Trazodone, Percocet, Flexeril, and physical therapy in 2/2013 for cervical spine and 06/17/13 left shoulder intraarticular injection. The treating physician has requested cervical facet blocks and a cervical MRI. On 08/01/13, ■■■ performed a peer review and denied cervical facet blocks due to no documentation of failed physical therapy, home exercise program and NSAIDs and no documentation of neuro deficits with a failure of a strengthening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Medial Branch Block Levels (2,3,4,5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Criteria for Use of Diagnostic Blocks for Facet Nerve Pain and Criteria for Use of Cervical Facet Radiofrequency Neurotomy..

Decision rationale: CA MTUS does not specifically address medial branch blocks however in looking to Official Disability Guidelines, it is stated that "no more than 2 joint levels are injected in one session" and "diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level". The individual in this case is status post a C4-7 fusion; there was documentation of some physical therapy in February of 2013 but nothing beyond that. As guidelines would not allow for medial branch blocks at the level of a prior fusion procedure, the requested blocks would not be considered as medically necessary

MRI Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 and 177-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI..

Decision rationale: CA MTUS states that criteria for ordering imaging studies are "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure". The records in this case failed to document any clinical change or evidence of a red flag condition; the neurologic examination was normal. As such, the MRI of the cervical spine would not be considered as medically necessary.