

Case Number:	CM13-0015078		
Date Assigned:	10/04/2013	Date of Injury:	06/19/2003
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 5'5", 235 lbs, 63-year-old female, with an injury date from 6/19/03 and diagnoses of bilateral carpal tunnel release, right shoulder rotator cuff repair x2, cervical spine strain w/multi-level disc disease, and left shoulder pain from the visit report dated 4/3/12 by [REDACTED]. The 7/2/13 report by [REDACTED], the orthopedic spinal surgeon, provides an assessment including C5/6 and C6/7 disc degeneration with chronic neck pain; right leg radiculopathy; lumbar facet disease. [REDACTED] provides a surgical option of discectomy/fusion of C5/6 and C6/7, or a non-surgical option of facet blocks and possible radiofrequency ablation (RFA) at C5/6, C6/7, if the blocks are diagnostic. He felt a lumbar MRI is indicated to evaluate for facet arthropathy, and if present, then lumbar facet diagnostic blocks and possible RFA. The independent medical review (IMR) application shows a dispute with the 8/13/13 UR decision. The 8/13/13 UR decision is from [REDACTED], and recommends against the facet block at C5/6 and C6/7 with RFA and against the lumbar MRI. Utilization Review (UR) denied the RFA because the facet blocks had not been performed yet, then denied the facet block because there were no exam findings to suggest facet syndrome. The UR denied the lumbar MRI, because there were no progressive neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block at C5-C6 and C6-C7 with radio frequency ablation (RFA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, facet joint diagnostic blocks section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the radiofrequency ablation (RFA) is only recommended after there is a positive response to diagnostic medial branch/facet blocks. The request does not meet guideline criteria.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG for Low Back regarding MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS/ACOEM Guidelines indicate, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." The 7/2/13 report from the treating physician states that the lumbar MRI is necessary to evaluate the lumbar facet joints. The treating physician also noted on physical exam, a decreased sensation along the right L4 and L5 dermatomal distributions. The 7/2/13 lumbar x-ray showed degenerative scoliosis. There does not appear to be a prior lumbar MRI. The low back and right leg symptoms apparently started from a slip and fall at work in the 1970's that was self-treated without opening an industrial claim. The patient has physical exam findings that identify specific nerve root compromise.