

Case Number:	CM13-0024325		
Date Assigned:	11/20/2013	Date of Injury:	07/15/2011
Decision Date:	02/04/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Spine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male who reported an injury on 07/15/2011. The patient is currently diagnosed with displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, degeneration of thoracic or thoracolumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified internal derangement of the right knee, spondylosis with myelopathy, brachial neuritis or radiculitis, cervical facet syndrome, lumbar facet syndrome, spondylolisthesis grade 1, and insomnia. The patient was recently seen by [REDACTED] on 09/30/2013. The patient reported 6-7/10 pain. Physical examination revealed decrease sensation of the right upper extremity, motor deficit of the deltoid and biceps on the right, paraspinal tenderness bilaterally of the cervical spine, diminished range of motion, positive Kemp's and facet testing in the lumbar spine, positive Bechterew's testing, moderate paraspinal tenderness bilaterally, and limited range of motion. Treatment recommendations included epidural steroid injection as well as medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1st Therapeutic Cervical Epidural Steroid Injections at C3-4, CC4-5, C5-6 and C6-7 with Internal Medicine and Psych Clearance, at the same visit as the facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, there is no evidence of at least 50% pain relief with associated medication reduction for 6 to 8 weeks following initial epidural steroid injections. Additionally, guidelines do not recommend more than one (1) interlaminar level at the same setting. Therefore, the current request cannot be determined as medically appropriate. Additionally, the internal medicine and psychiatric clearance are not medically necessary, as the patient has previously undergone these procedures without complications. The request is non-certified.

Cervical Facet Joint Block at the medial branch as C4-5, C5-C6, C6-7 with Internal Medicine and Speech Clearance, at the same visit as the facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 301 and the Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine does provide good temporary relief of pain. Official Disability Guidelines state facet joint injections are limited to patients with cervical pain that is nonradicular and at no more than two (2) levels bilaterally. The current request for facet injections at C4-5, C5-6, and C6-7 exceeds guideline recommendations. Additionally, the patient does maintain a diagnosis of radiculopathy, which excludes the patient from receiving facet joint injections. Additionally, the internal medicine and psychiatric clearance is not medically necessary, as the patient has previously undergone these procedures without complication. Based on the clinical information receive, the request is non-certified.