

Case Number:	CM13-0028602		
Date Assigned:	12/04/2013	Date of Injury:	09/08/2012
Decision Date:	02/27/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/25/2013

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 Pain Management and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice 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:

Nine pages of records are provided for this IMR. The IMR application shows the date of injury as 9/8/12, and shows a dispute with the 9/5/13 UR denial for bilateral C6 SNRBs. There is a letter from the patient, dated 1/8/14 stating there is new information concerning the denied ESIs. He is motivated to try the ESIs stating the narcotic pain pills do not work well. The only other document provided for IMR is the 1/2/14 report from [REDACTED], a neurosurgeon. According to [REDACTED], the patient is 50 years-old, 5'5", 153 lbs, and had prior ACDF at C6/7 on 5/9/2011, and was doing well until his flex/ext work injury on 9/8/12. Since then, the patient had pain at the base of the neck at T1, T2 level. He was seeing [REDACTED] for pain management, and he recommended cervical and thoracic ESIs. The 1/2/14 exam shows decreased cervical ROM and tenderness in the cervical and upper thoracic region. Motor was 5/5, Sensory was intact, Reflexes were 2+ throughout. [REDACTED] reports the thoracic MRI shows multilevel DDD and bulging including T2/3, T6/7, T8/9 and T9/10, but without cord or nerve root impingement. He states that he was not able to identify a specific pain generator site.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6 selective Nerve Root Block 04/04/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 127.

Decision rationale: Very limited information is available for this IMR. Cervical imaging reports were not provided, nor were any electrodiagnostic studies. The single report available is the 1/2/14 neurosurgical report from [REDACTED]. [REDACTED] does not discuss any cervical MRI findings. He states there is no nerve root compression in the thoracic spine, and his physical exam did not show any signs of C6 radiculopathy. Sensation was intact, motor was normal, reflexes were normal. MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The MTUS criteria for an ESI has not been met.

Physical Therapy for the Cervical Spine -18 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain, Suffering and the Restoration of function-Chapter 6 page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 127 Page(s): 98-99.

Decision rationale: The only medical report available for IMR was the 1/2/14 report from [REDACTED], and there is no mention of PT. I do not have a copy of the UR letter that apparently denied the PT, so I do not have a rationale from the requesting physician or a rationale for the denial. This patient is not in the MTUS/post-surgical physical medicine treatment timeframe, so the MTUS chronic pain guidelines apply. MTUS recommends 8-10 PT sessions for various myalgias and neuralgias. The request for 18 PT sessions will exceed MTUS recommendations.

Diagnostic Bilateral C5-6 Facet Injection under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC neck chapter, for Diagnostic facet joint injections.

Decision rationale: MTUS/ACOEM states: "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back

symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." ACOEM did not discuss criteria for diagnostic facet evaluations, so ODG guidelines are consulted. The patient appears to meet the criteria that "Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally" but the single medical report available for this IMR, does not discuss facet injections, and does not discuss the ODG criteria: "There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks." Based on the available information, the diagnostic facet blocks are not in accordance with the ODG guidelines.