

Case Number:	CM13-0030714		
Date Assigned:	11/27/2013	Date of Injury:	07/12/2001
Decision Date:	02/05/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 & 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. 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 48-year-old male with an injury date on 7/12/01. The Utilization Review determination being challenged is dated 9/11/13 and recommends denial of bilateral C5-C6 facet injection selective nerve root block and follow up with microscopic and reconstructive spine surgery. The IMR application lists [REDACTED] as the medical provider, however, I am not provided with any medical reports from [REDACTED]. I am provided a medical report from [REDACTED] dated 6/14/13 who states a C5/6 facet block is a critical part of a work up in advance of a potential C5/6 surgical decompression, although there is no rationale, or medical evaluation. The report was based on a medical record review of unlisted medical records. The next most current report available to me is the 2/19/13, 2/6/13 and 1/16/13 reports from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 Facet Injections, selective nerve root block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers' Compensation, Neck Chapter

Decision rationale: Limited information is available for this IMR. The IMR application states the 9/11/13 UR letter was denying a request from [REDACTED] but there are no medical records provided for this IMR from [REDACTED]. I have a report dated 6/14/13 from [REDACTED] who states [REDACTED] was recommending a C5/6 facet block, prior to doing surgery. But then there is the 2/6/13 and 2/19/13 reports from [REDACTED] recommending a "transfacet block" bilaterally at C5/6 to see if a foraminotomy may help. It is not clear what [REDACTED] means by "transfacet block". From the context, it seems to make more sense that he was suggesting a "transforaminal" epidural injection, which might provide support for a foraminotomy, and might be helpful for the symptoms down the patient's arm. The 2/19/13 report from [REDACTED] states the radiating pain goes to the 4th and 5th fingers bilaterally, but this is more suggestive of the C8 distribution and would not be expected to be effected with a C5/6 injection. The 2/22/2012 report from [REDACTED]. [REDACTED] states the patient has had left selective nerve root block (SNRB) at C5/6 and C6/7, but did not discuss outcome. [REDACTED] notes C6/7 is fused, and the available clinical findings and subjective complaints seem to suggest progression of symptoms at the level below the fusion, but the diagnostic request is for the segment above the fusion, and there are no current reports from the requesting physician for clarification. The request as written for this IMR is whether bilateral facet injections and SNRB at C5/6 is necessary. The MTUS guidelines do not discuss diagnostic facet injections so ODG guidelines were consulted. ODG for cervical diagnostic facet injections state: ". Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally"; and "Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated."; and "It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment". The patient does not meet ODG requirements for facet injections.

follow up exam with microscopic and reconstructive spine surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: One of the criteria for MTUS/ACOEM guidelines for surgical consultation is: "Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term" As noted previously, there is limited information provided for this IMR. There are no current physical examination findings or medical reports available, and imaging and electrodiagnostic reports were not provided. Based on the 2/22/12, 1/16/13, 2/6/13 and 2/19/13 reports from [REDACTED] [REDACTED] the MTUS/ACOEM criteria for surgical consultation or surgery has not been met.