MAXIMUS Federal Services

Case Number:	CM13-0031699		
Date Assigned:	12/04/2013	Date of Injury:	02/15/1999
Decision Date:	03/11/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/04/2013

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 has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Washington DC and Florida. 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:

The patient is a 74-year-old male who was injured on 2/15/1999 while working as a firefighter. The mechanism of the injuries is not noted however they resulted in cervical surgeries which included cervical fusions. He again injured himself on 6/15/2011 when he tripped over his dog. This injury resulted in repeat cervical spine surgery. The patient complains of significant right upper neck pain and limitation of motion. He states that his arms radiating symptoms and central neck pain fortunately resolved with a C3 for arthroplasty. He previously underwent C4-5 and C5-6 anterior cervical discectomy and fusion from his work related injury. He had success for a while but then broke down above the fusion at the C3-4 level where he had cervical stenosis and severe pain along with upper extremity numbness. He has responded well to surgery at this level. His preoperative symptoms have resolved. Unfortunately he is having facetogenic pain from the C2-3 level which causes severe right upper neck pain and significant loss of motion with rotation to the right. This has been progressing for some time, and as of late is getting worse. He also has a spontaneous fusion at C6-7 and therefore only has motion at the C2-3 and C3-4 discs as well as the occiput, C1-C2 articulations. He states that his quality of life is severely diminished. He is not able to do anything physically because of the pain. Follow-up visit report dated 08/22/13 indicates that the claimant returns for a follow-up for the complex post fusion cervical spine pain. The claimant's general health has improved, but the neck pain is worse with axial pain and some radiating pain into the arms, but primarily axial neck pain rated 6-8/10. The claimant notes that the neck is starting to be more painful and feels "crunching" when turning the neck. The claimant went to see [redacted] for this and recommended facet injections. Current medication is no longer helping the claimant. Cervical spine exam reveals well-healed scars, shooting pain which stops the claimant from speaking at times, diminished range of motion, and very tender with spasms on the posterior aspect right more than left. Diagnostic studies reveal anterior fusion at C4 to C6 with spinal stenosis at C3-4 with foraminal

narrowing at several levels. The provider recommends bilateral MBB at C4-5-6 with moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Medial Branch Block Bilateral C4 C5 C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) (updated 3/17/2014) Facet Joint Diagnostic Blocks.

Decision rationale: This claimant has undergone three surgical procedures in the cervical spine in 1985, 1999, and 2012. Diagnostic studies reveal anterior fusion at C4 to C6. Currently, the claimant complains of axial pain and some radiating pain into the arms. Examination reveals well-healed scars, posterior tenderness and spasm, shooting pain, and diminished range of motion. Current requests are for bilateral MBB at C4-5-6 with moderate sedation is not supported by the guidelines. The guidelines states that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ODGTWC Neck and Upper Back Procedure Summary notes that the use of diagnostic blocks is limited to claimants with cervical pain that is non-radicular and at no more than two levels bilaterally. Diagnostic facet blocks should not be performed in claimants who have had a previous fusion procedure at the planned injection level. Therefore the request for bilateral MBB at C4-5-6 with moderate sedation is not medically necessary.

request for Moderate Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-TWC-Neck and Upper Back (Acute & Chronic) (updated 03/07/14) Facet Joint Diagnostic Blocks.

Decision rationale: Regarding IV sedation during Median branch Block, the ODG guidelines states: The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Therefore the request for Moderate Sedation is not medically necessary.