

Case Number:	CM13-0039403		
Date Assigned:	12/18/2013	Date of Injury:	06/24/2011
Decision Date:	03/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in 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. 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 63 year old male who reported an injury on 06/24/2011. The patient has a history of severe degenerative disc disease and moderate spondylosis of the cervical spine with severe stenosis, upper extremity radiculitis, bilateral carpal tunnel syndrome associated with flexor tendon tenosynovitis, and median nerve impingement. He was seen on 09/19/2013 for complaints of symptoms to his neck, upper/lower back, and his wrists. The note reported he had increased neck pain with radiation to his shoulders and down both arms and hands which increased numbness and tingling. The patient reported his neck pain also causes upper back pain that occasionally goes to the ribs and lower back pain. He had electromyography and nerve conduction velocity tests of the bilateral upper extremities on 05/26/2012. They demonstrated moderate mixed median nerve neuropathy consistent with bilateral carpal tunnel syndrome. He had an MRI of the spine on 05/28/2012 which demonstrated multiple level degenerative changes producing narrowing of the spinal canal, greatest at C4-5 multiple level neural foraminal narrowing. There was an indeterminate 5 mm C4 lesion. The exam described his range of motion as 20 degree flexion, 15 degree extension, 30 degree rotation, and 10 degree lateral bending. He had moderate tenderness over the cervical spinous processes mainly at the base of the neck. Tenderness was also noted to the trapezius and paraspinal muscles and over the nerve roots on both sides of the neck. The note indicated unobtainable reflexes with grade 5 strength. He was recommended for one cervical epidural injection and some cervical medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Block C4 - C5, C5 - C6, and C6 - C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Diagnostic injections

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), does not address. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs & symptoms, including absence of radicular neurologic findings and/or spinal stenosis. Additionally, if radiation to the shoulder is noted pathology in this region should be excluded. The documentation submitted stated he had increased neck pain with radiation to his shoulders, severe stenosis, and upper extremity radiculitis. The documentation did not provide evidence cohesive to guidelines. As such, the request is non-certified.