

Case Number:	CM13-0046874		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2006
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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, 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:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the DWC website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. The claimant is a 62 year-old female with a 08/18/06 date of injury; the mechanism of the injury was not provided. She is status post an anterior discectomy with decompression and anterior arthrodesis at C4-5 and C5-6 performed on 05/18/10. Pseudoarthrosis of the cervical spine and chronic pain were diagnosed. A CT of the cervical spine on 02/08/13 revealed a bone graft fusion at C6-7 that appeared chronic and older than the anterior fixation devices placed at the C4-5 and C5-6 fusions with intervertebral disc grafts placed. Neither of these two levels demonstrated vertebral body endplate bone graft fusion. The fixation devices appeared intact. The reconstruction images demonstrated bony foraminal stenosis at its operated sites with uncovertebral changes resulting in predominant left bony foraminal stenosis at C4-5 and C5-6 and bilateral C6-7, worse on the right than the left. There was unusual slight rotation of the second and third cervical vertebrae relative to the craniocervical junction and the fourth vertebral body. This rotatory distortion was not associated with jumped facets or fractures despite the prominent facet arthropathy at these levels. The claimant treated conservatively with physical therapy, medications, and a block in February 2013. [REDACTED] saw the claimant on 09/09/13 at which time it was noted that she had relief of left arm pain after the block in February; but the arm pain had returned. X-rays were noted to show improvement in the pseudarthrosis. On exam she was noted to be mildly obese with poor general strength. Cervical lordosis and thoracic kyphosis were increased. There was no list. The gait was not antalgic. Heel and toe gait were normal. There was a 25 percent loss of forward flexion without pain; loss of 75 percent extension with pain; loss of 75 percent left

sided bending with pain; and loss of 50 percent right side bending without pain. She had pain with combined extension and rotation, but no pain with combined flexion and rotation. There was tenderness on the left at C4-C7 and T1-2. There was decreased sensation to light touch in the C7 distribution on the left. Reflexes were absent in the bilateral biceps/brachialis and bilateral triceps. Strength was normal in the upper extremities. A cervical facet block and transdermal compound was recommended. An AME by [REDACTED] on 09/26/13 assigned the claimant a 24 percent whole person impairment and stated that an injection in her neck given in February 2013 gave her about 7 months of relief. The claimant was starting to have more symptoms and a second injection had been recommended. [REDACTED] indicated that she did not need further rehabilitation. [REDACTED] authored a letter of appeal on 10/08/13 stating that it did not make sense to deny the facet injections since the claimant has a failed fusion at C5-6 meaning the facet joints are still moving and quite arthritic and stress overload from relatively immobile segments that have been fused onto C6-7 facets below that. The request for cervical facet injections at C5-6 and C6-7 were denied on 10/25/13 and 11/13/13 reviews.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical spine facet injection C5-6 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 5/14/13)

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, Treatment in Worker's Comp 18th edition, 2013 Updates, Neck and Upper Back Chapter - Facet Joint Diagnostic Blocks

Decision rationale: Facet injections at C5-6 cannot be supported within the medical records reviewed following a 2006 vocational injury. Notably, this claimant has undergone a prior anterior cervical discectomy and fusion at C5-6 and C6-7 and had some sort of block in February that provided benefit for left arm pain, which included the presence of radicular complaints. She had also been treated with physical therapy and anti-inflammatory medications. Based on the possibility of the claimant having a pseudoarthrosis as well as a prior fusion and the results of the CT scan dated 02/08/13, facet injections cannot be supported.

cervical spine facet injection C6-7 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 5/14/13)

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, Treatment in Worker's Comp 18th edition, 2013 Updates, Neck and Upper Back
Chapter - Facet Joint Diagnostic Blocks

Decision rationale: Facet injections at C6-7 cannot be supported within the medical records reviewed following a 2006 vocational injury. Notably, this claimant has undergone prior anterior cervical discectomy and fusion at C5-6 and C6-7 and has had some sort of block in February that provided benefit for left arm pain, which include a presence of radicular complaints as well as been treated with physical therapy and antiinflammatory. Based on the discussion for her possibly having a pseudoarthrosis as well as treated with previous fusion, and a CT scan dated 02/08/13, facet injections cannot be supported.