

Case Number:	CM13-0048179		
Date Assigned:	12/27/2013	Date of Injury:	02/18/2012
Decision Date:	02/20/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a 59-year-old who was injured at work on 2/18/12 when he fell backwards off a truck and hit his mid back on a bar and striking the posterior head on asphalt. There was loss of consciousness, and he broke some teeth. He is reported to have had prior cervical fusion C5-7. His diagnoses includes: thoracic pain; cervical spondylosis; headache; ringing in the ears; thoracic radiculitis; lumbago; muscle spasms. The IMR application shows a dispute with the 10/1/13 UR decision, which was from [REDACTED] based the review on the 9/25/13 medical report and recommended against: a diagnostic cervical MBB; a CT of the cervical spine; a T7-8 ESI; use of Norco 10/325mg #120; use of Flexeril 10mg #90; topical cream containing gabapentin; and a neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A diagnostic cervical medial branch block (MBB): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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), Neck Chapter, Facet Joint Injections Section.

Decision rationale: The 9/25/13 report from [REDACTED] notes the prior fusion C5-C7, and states the patient fell backwards off a truck about 5 feet, striking the back of his head causing flexion to the neck. Examination shows tenderness over the right-side facets and pain with facet loading. He orders a CT scan to evaluate etiology and states he would consider a surgical consultation if the hardware is damaged. MTUS/ACOEM states there is no therapeutic value in cervical facet injections, but does mention diagnostic value if an RFA is planned. MTUS/ACOEM does not provide details or criteria for the diagnostic facet evaluation, so ODG guidelines were consulted. ODG lists criteria for cervical diagnostic facet injections. The patient meets the criteria except for item #10, "Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated." From the physician's statement and request for imaging, it does not appear that the possibility for a surgical procedure was ruled out. The request for a diagnostic cervical MBB block is not medically necessary or appropriate.

A CT scan of the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 167, 177-178.

Decision rationale: The patient was reported to have prior history of cervical fusion from C5-7. Subsequently he had a work injury where he fell backwards about 5 feet off a truck striking the back of his head on the asphalt. The impact was reported to be severe enough to cause loss of consciousness and break some teeth. The physician is concerned about hardware failure or loosening and requested the CT scan. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines (MTUS/ACOEM) states does not recommend routine imaging studies for the cervical spine, but states red-flag conditions should be ruled out. The patient's reported history is consistent with a red-flag disorder on Table 8-1 on page 167 of MTUS/ACOEM. The CT scan appears to be in accordance with MTUS/ACOEM guidelines. The request for a CT scan of the cervical spine is medically necessary and appropriate

T7-8 epidural injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The 9/25/13 report does not include a thoracic spine examination. [REDACTED] was requesting the thoracic ESI (epidural steroid injection) at T7/8 based on the MRI finding. However, the patient did have a neurology evaluation on 1/29/13 and subjective complaints documented a thoracic radicular pattern around T9-T12. The neurologist found decreased sensation to pin prick and vibration along the T8-T10 dermatomal distributions. The MRI did show a disc protrusion at T7/8 with central stenosis at that level, and foraminal stenosis bilaterally T8/9, T9/10 and T10/11. The patient appears to meet the Chronic Pain Medical

Treatment Guidelines criteria for an ESI. The request for a T7-8 epidural injection is medically necessary and appropriate.