

Case Number:	CM13-0051317		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2012
Decision Date:	06/05/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 42-year-old male with a date of injury of 05/24/2012. The listed diagnoses per [REDACTED] are: 1. Cervical sprain; 2. Neck pain; 3. Thoracic sprain; 4. Cervical radiculitis; 5. Low back pain; 6. Lateral epicondylitis; and 7. Lumbosacral ligament sprain. According to report dated 10/33/2013 by [REDACTED], the patient presents with wrist pain, neck pain, and low back pain. The medications are helpful and well tolerated. The patient's medication regimen includes cyclobenzaprine, naproxen, Percocet, Nucynta ER, and omeprazole. The pain in the neck is described as aching, stabbing, and burning between the shoulder blades. The pain is better with chiropractic therapy and medication. The patient rates the pain as 7/10 on a visual analogue scale (VAS) without medication and 4/10 with medication. A cervical MRI was done on 10/11/2013, which revealed retrolisthesis of C3 on C4 through C5 on C6. The visualized posterior fossa and cord signal appear unremarkable. At level C5 and C6, there is posterior disk osteophyte complex together with facet disease causing mild spinal stenosis at this level. There is mild foraminal stenosis. A bilateral upper extremity electromyography/nerve conduction velocity (EMG/NCV) revealed evidence of mild bilateral carpal tunnel syndrome. The date of the EMG/NCV is unnoted. An examination of the cervical spine revealed that the patient had 5/5 bilateral upper extremity strength. The sensation is intact, but decreased over the first three (3) digits of both hands. The deep tendon reflexes (DTRs) are +1 and symmetric. The Hoffmann's sign and Spurling's sign are both negative. There is tenderness over the cervical paraspinals with spasm. There is also tenderness over the facet joints. The cervical spine range of motion is reduced in all planes due to increased pain and stiffness. The treater requests six (6) visits of chiropractic therapy, cervical spine x-rays and cervical facet injections at C4 to C5, C5 to C5, and C6 to C7 bilaterally. Utilization review denied the requests on 11/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical spine flexion and extension x-rays: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), GUIDELINES FOR RADIOGRAPHY (XRAY, C-SPINE).

Decision rationale: This patient presented with continued neck pain. The treater is requesting cervical spine flexion and extension x-rays. The MTUS/ACOEM Guidelines indicate that radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." This patient's MRI showed retrolisthesis at a couple of levels. Flexion/extension X-rays are needed to determine any movement or instability at these levels. Recommendation is for authorization.

Cervical facet joint injections at C4-C5, C5-C6, C6-C7 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), Facet joint signs and symptoms.

Decision rationale: Guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. The guidelines recommend no more than two (2) levels are to be injected at a time. In this case, the treater is requesting a three (3) level block. The patient has a diagnosis of "cervical radiculitis." The guidelines recommend facet blocks for non-radicular symptoms. Recommendation is for denial.