

Case Number:	CM13-0055734		
Date Assigned:	12/30/2013	Date of Injury:	11/26/2007
Decision Date:	05/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified 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 expert 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 45-year-old female she sustained a work related injury on 11/26/2007. The patient states that on the date of injury she was pushing a cart full of parts when the cart wheel broke. The patient attempted to keep the cart from tipping over and while doing so she felt pain in her left arm and left leg. The patient sought medical treatment 10 days after the initial injury, complaints at the time included her left hip, low back and left elbow pain. Physical therapy was initiated. In 2008 an MRI of her lumbar spine indentified degenerative changes with osteophytes, disc bulges and spondylosis and a far left posterolateral disc bulge at L4-5. She was diagnosed with cervical myofascial syndrome and left L4-5 disc protrusion. An L5-S1 epidural steroid injection was administered the patient stated that two weeks after the injection she experienced 70-80% pain relief. The patient began to experience a worsening of her cervical spine symptoms in 2010. An MRI of the cervical spine was completed in March 2010 which confirmed bilateral C5-6 neuroforaminal narrowing, left C4-5 neuroforaminal stenosis, retrolisthesis and C5 and C5-6 disc bulge. Epidural steroid injections were completed which reportedly provided 60% pain relief. Currently the patient continues to have chronic cervical and lumbar pain. She has begun working full time with another employer, which she feels may be contributing to her recurrent exacerbation of her underlying problems. In the medical report from the treating physician dated 4/22/13, the patient complained of continuous neck pain since a fall on 11/26/07. An MRI of the cervical region of 03/04/10 revealed bilateral neuroforaminal narrowing at C5-C6 and left neuroforaminal narrowing C4-C5 level with retrolisthesis of C5. Findings of EMG/NCV on 03/26/13 were reportedly suggestive of a left-sided C5-C6 radiculopathy and mild right carpal tunnel syndrome. Exams of 4/16/13 and 4/22/13 revealed diminished sensation to light touch along medial and lateral border of left forearm with give-way weakness in the left upper extremities. The patient currently follows up with her doctor monthly and is currently prescribed

Gabapentin 600mg, Naproxen 550mg, Omeprazole 20mg, Tylenol #3 and Zanaflex 4mg. Also in April of 2013, an MRI Cervical without contrast was requested to assess feasibility of cervical ESI. Authorization of MRI Cervical w/o Contrast was not recommended by the previous UR reviewer, due to lack of proof of efficacy of the requested procedure in the given medical scenario. A request for bilateral C5-C6 medial branch blocks was also denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C5-C6 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: With regards to request for bilateral C5-C6 medial branch blocks, it is not supported by the available evidence and guidelines. According to the ODG, diagnostic medial branch blocks are limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. According to the medical records provided for review, this patient has a diagnosis of C5-6 radiculopathy. The request is not medically necessary and appropriate.