

Case Number:	CM13-0067351		
Date Assigned:	01/03/2014	Date of Injury:	10/22/1982
Decision Date:	05/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation 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 62 year old female who was injured on 10/22/1982 when she was involved in a motor vehicle accident in which a pickup truck hit a deer. Prior treatment history has included to this date a 1999 ACDF, 1987 C6-7 fusion, nerve blocks, occipital nerve block injection was scheduled for 11/20/2013, injections, ESIs, chiropractic treatment, physical therapy, HEP, TENS, acupuncture, cervical brace, group therapy, biofeedback and medications. Diagnostic studies reviewed include MRI of the cervical spine dated 11/21/2013 revealing the following conclusion: 1. Mild C4-C5 right paracentral disc protrusion. 2. Mild degenerative disc disease and spondylosis. 3. No major foraminal stenosis. Progress note dated 12/02/2013 documented the patient to have complaints of severe neck pain with limited range of motion and constant headache. Pain interferes with sleep, activities of daily living, emotions and function. The pain is sharp, dull/aching, pins and needles, numbness, burning, weakness and spasm. On a good day the pain level is 6/10. The current pain rating is 7/10. The patient complains of paresthesias and weakness. Denies anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations or paranoia. Objective findings on examination of the cervical spine reveals diffuse tenderness over occiput, right more than left. Hoffman's sign is negative. Spasm is noted in bilateral cervical and lumbar regions. Diagnoses: 1. Facet arthropathy, cervical. 2. Cervical discogenic spine pain. 3. Failed cervical neck surgery syndrome. 4. Headache. 5. Chronic pain. 6. Failed back surgery syndrome. 7. Cervical myofascial pain syndrome. 8. Back pain, lumbar. 9. Treatment Plan: Continue with conservative treatment to include home exercise program, moist heat and stretches. Procedures: Right C2, 3, 4 TON MBB with [REDACTED]. Disposition: The patient reports more than 50% improvement in the left sided neck pain and headache following cervical MBB. She now notices more pain on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CERVICAL THIRD OCCIPITAL NERVE (TON) MEDIAL BRANCH BLOCK C2-C3, C3-C4 UNDER FLUOROSCOPY WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

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

Decision rationale: According to the ODG, cervical MBB procedure is recommended prior to facet neurotomy, a procedure that is currently under study. There is no indication that neurotomy is being considered. Facet joint therapeutic steroid injections is not recommended. Of note, it is not apparent that the patient obtained clinically significant benefit with the left side third occipital nerve MBB performed on 11/03/2013. The patient claims 50% reduction in neck pain and headache, however, reports 6-7/10 pain level and there is no indication of reduction of medication use or duration of reduction in pain level obtained. According to the 12/02/2013 progress note, examination of the cervical spine revealed diffuse tenderness over occiput, right more than left, negative Hoffman's sign, and spasm noted in the bilateral cervical and lumbar regions. The examination findings are not strongly consistent with signs and symptoms of facet-mediated pain. In addition, the medical records do not establish failure of standard conservative measures of PT methods, home exercises and Non-Steroidal Anti-Inflammatory Drugs (NSAID) of at least 4-6 weeks duration prior. The medical records do not establish the request is appropriate and medically necessary, and thus is not supported by the referenced guidelines. The medical necessity of the request has not been established.

CERVICAL CAUDAL EPIDURAL INJECTION UNDER FLUOROSCOPY W/ ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 80.

Decision rationale: According to the CA MTUS guidelines, the first criteria for epidural injections is that; radiculopathy must be documented by physical examination and corroborated by imaging. The progress note dated 12/02/2013 documents the objective findings on examination of the cervical spine reveals diffuse tenderness over occiput, right more than left, negative Hoffman's sign, and spasm noted in bilateral cervical and lumbar regions. There is no clinical evidence to suggest active radiculopathy. In addition, the 11/21/2013 cervical MRI did not demonstrate findings of nerve root impingement. In the absence of radicular pain (defined as

pain in dermatomal distribution with corroborative findings of radiculopathy), the request is not supported by the Final Determination Letter for IMR Case Number [REDACTED] medical records, and therefore not recommended under the guidelines. The medical necessity of the request is not established.