

Case Number:	CM14-0014773		
Date Assigned:	02/28/2014	Date of Injury:	06/09/2000
Decision Date:	07/18/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/05/2014

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 & 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 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 with a 6/9/2000 date of injury. Mechanism of onset is described as repetitive trauma. She has been diagnosed with cervical HNP with myelopathy and radiculopathy; s/p kidney transplant; and fibromyalgia. According to the 12/13/13 report from [REDACTED], the patient presents with moderate-severe 8/10 neck pain and radicular symptoms, with numbness, weakness and pain. [REDACTED] recommends facet blocks at C5/6, and C6/7 and epidural injection at C5/6; and PT (unspecified duration/frequency) for the cervical spine. On 1/3/14 UR denied these.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCKS AT C5-C6 AND C6-C7, AND EPIDURAL STEROID INJECTION AT C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability guidelines (ODG), Neck Chapter, Facet Joint Injections.

Decision rationale: According to the 12/13/13 report from [REDACTED], the patient presents with moderate-severe 8/10 neck pain and radicular symptoms, with numbness, weakness and pain. She has been diagnosed with cervical HNP with myelopathy and radiculopathy; s/p kidney transplant; and fibromyalgia. This IMR request is for facet blocks at C5/6, and C6/7 and epidural injection at C5/6. MTUS/ACOEM guidelines has some support for radiofrequency ablation of the cervical medial branches for facet syndrome and support for diagnostic medial branch blocks in the cervical region. ODG guidelines provides a description of criteria for the diagnostic medial branch blocks. The ODG criteria for a diagnostic cervical medial branch block includes: "Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally" In this case the patient was reported to have radicular symptoms, and she was diagnosed with cervical radiculopathy. The ODG criteria also states "It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment." The request for the C5/6 facet block and C5/6 ESI and C6/7 facet blocks is not in accordance with the ODG guidelines. Recommend non-certification.

UNKNOWN PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 12/13/13 report from [REDACTED], the patient presents with moderate-severe 8/10 neck pain and radicular symptoms, with numbness, weakness and pain related to a 6/9/2000 cumulative trauma industrial injury. The IMR request is for unknown PT sessions for the cervical spine. This is an incomplete prescription for PT. The duration and frequency or total number of PT sessions requested is not provided. The MTUS guidelines allow 8-10 sessions of PT for various myalgias or neuralgias. Without the physician specifying the number of sessions of PT requested, the request cannot be compared to the recommended number of sessions under MTUS guidelines. It is not possible to confirm that the incomplete prescription for PT is in accordance with the MTUS recommendations. Recommend non-certification.