

Case Number:	CM14-0024178		
Date Assigned:	07/14/2014	Date of Injury:	07/23/2013
Decision Date:	08/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine, 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:

Patient is a 56 year-old male with date of injury 07/23/2013. The medical document associated with the request for authorization, a primary treating physician's orthopedic progress report, dated 01/20/2014, lists subjective complaints as neck pain with associated headaches, as well as pain radiating into the shoulders and between his shoulder blades. Objective findings were noted to include: Examination of the cervical spine and upper extremities revealed no evidence of tenderness or spasms of the paracervical muscles or spinous processes. There was no tenderness over the base of the neck, base of the skull or trapezius musculature bilaterally. Motor exam is notable for trace/5 bilaterally in the wrists and the 4/5 for finger abduction on the right. The patient's current diagnoses include: C3-6 disc degeneration; Intermittent cervical radiculopathy; T1-5 disc degeneration with thoracic strain; Intermittent right leg radiculopathy; Cervicogenic and post traumatic headaches; Lumbar strain; Closed head injury; GERD; and Dyspnea. The patient underwent an MRI on 09/04/2013 which was notable for disc degeneration from C3-7 with broad based disc bulges and mild spinal cord compression at C3-4, C4-5, and C5-6 and T1-5 disc degeneration and small disc bulges without spinal cord compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injections at C3 - C4, C4 - C5, and C5 - C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition (Web 2014) Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. According to the MRI report of 09/04/2013, there is mild to moderate neural foraminal stenosis with no report of nerve root impingement. Of interest however, is that according to the physical exam the patient has lost his ability to extend his wrists bilaterally. There is no comment in the associated report of this finding by the spinal surgeon. Also of interest is the MRI findings of 3 degenerative discs which are in contact with the thecal sac causing mild spinal cord compression. There is no mention of myelomalacia. The MTUS guidelines have not been met and the patient is not a surgical candidate. As such, the request is not medically necessary.

Medial Branch Block/ Facet Block from T1 to T5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. As such, the request is not medically necessary.