

<b>Case Number:</b>	CM15-0130218		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 63 year old male, who sustained an industrial injury on June 3, 2003. The initial injury and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, MRI, surgery, bone growth stimulator, nerve block and urine drug screen. Currently, the injured worker complains of increased neck pain rated at 5 on 10 with medication and 8 on 10 without medication. The injured worker reports sleep disturbance due to the pain. The injured worker is diagnosed with cervical radiculopathy, cervical pain, headache-facial pain, post cervical laminectomy syndrome, post cervical fusion C5-C6 and C6-C7 and dizziness and giddiness. His work status is permanent and stationary from an orthopedic perspective. A note dated June 15, 2015 states the MRI reveals post-operative and degenerative changes. The note also states there is a decrease in range of motion in the cervical spine. The injured worker reports 95% of his pain is cervical with the remaining 5% radicular in nature. Due to post-operative changes, revealed on the MRI, and worsening cervical pain a spine surgeon consultation for the cervical spine and medial branch block at the left C4-C5 is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgeon consultation for the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 6 Independent Medical Examinations and Consultations (Pp 127,156) Official Disability Guidelines (Pain Chapter - Office Visits).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2003 and continues to be treated for neck pain. He underwent a two level anterior cervical decompression and fusion in January 2006. When seen, he was having increasing neck pain. Physical examination findings included decreased cervical spine range of motion with muscle spasms and tenderness. There was neck pain with Spurling's testing. There was tenderness over the greater occipital nerves with positive Tinel's signs. There was decreased left upper extremity sensation and reflexes. The assessment references the claimant history and physical examination as consistent with cervical radiculopathy. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms nearly 10 years after undergoing a two level cervical fusion. Determining whether further surgery would be an option or not would be helpful in his ongoing management. Therefore, the requested spine surgery consultation was medically necessary.

**Medial branch block at the left C4-C5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back chapter-Facet diagnostic blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2003 and continues to be treated for neck pain. He underwent a two level anterior cervical decompression and fusion in January 2006. When seen, he was having increasing neck pain. Physical examination findings included decreased cervical spine range of motion with muscle spasms and tenderness. There was neck pain with Spurling's testing. There was tenderness over the greater occipital nerves with positive Tinel's signs. There was decreased left upper extremity sensation and reflexes. The assessment references the claimant history and physical examination as consistent with cervical radiculopathy. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the requesting provider documents the claimant's history and physical examination as consistent with cervical radiculopathy and therefore the requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.