

Case Number:	CM15-0166518		
Date Assigned:	09/04/2015	Date of Injury:	01/05/2010
Decision Date:	10/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 1-5-10. The diagnoses have included cervical spondylosis without myelopathy, neuralgia, neuritis and radiculitis, degeneration of cervical intervertebral disc, cervico-occipital neuralgia, cervical radiculitis and cervicgia. Treatment to date has included medications, physical therapy, massage, chiropractic, acupuncture, injections and home exercise program (HEP). Currently, as per the physician progress note dated 7-15-15, the injured worker complains of continued neck and shoulder pain rated 7 out of 10 on the pain scale. The pain is described as both arms and hands aching and the shoulders with spasms in the back of the neck. She reports little relief with cervical epidural steroid injection (ESI) on 6-23-15. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The diagnostic report is not noted in the records. The objective findings-physical exam reveals that the neck exam shows range of motion is limited in rotation, extension and flexion. Lateral bending causes pain, facet tenderness is pronounced with pressure to the posterior spine elements and motion. There is tenderness to palpation over the cervical paraspinal muscles. The physician requested treatments included bilateral facet blocks at C6-7, C7-T1, under fluoroscopic guidance and Magnetic Resonance Imaging (MRI) open, cervical spine, with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet blocks at C6-7, C7-T1, under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: ACOEM concludes that invasive lumbar techniques such as facet injections have no proven value in treating neck and upper back symptoms. The records do not provide an alternate rationale in support of the requested treatment. Moreover, his patient has reported upper extremity radicular symptoms, which are not consistent with probable facet-mediated pain. This request is not medically necessary.

MRI, open, cervical spine, with/without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules, Parameters for medical imaging.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. The records do not document such red flag findings at this time. Moreover, the records do not document a change in neurological status or other differential diagnosis to support a repeat MRI in this patient. The rationale/indication for the requested cervical MRI is not apparent. This request is not medically necessary.