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| Case Number: | CM15-0177358 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 10/26/2012 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60-year-old male, who sustained an industrial injury on 10-26-12. The injured worker has complaints of persistent neck, low back and left lower extremity symptoms. The documentation noted on 8-3-15 the injured worker reports stabbing and burning neck pain that radiates to the bilateral bicep, but no further down and he rates his pain as 7 out of 10 on the pain scale. The injured worker reports stabbing low back pain that he rates as a 7-8 out of 10 on the pain scale and it radiate down the bilateral lower extremities to the feet and this is worse in the left lower extremity. Lumbar spine is tender to palpation with decreased range of motion. There is decreased lumbar flexion and extension. There is pain with facet loading bilaterally and decreased sensation left L4 dermatome. Cervical spine is tender to palpation in paraspinous regions bilaterally and decreased range of motion throughout all planes in the cervical spine. There is positive facet lading challenge cervical spine bilaterally. Magnetic resonance imaging (MRI) on 6-15-15 revealed grade 1 compression deformity of C6 vertebra and disc desiccation at C2-3 down to C6-7 with associated loss of disc height at C5-6. Magnetic resonance imaging (MRI) of the lumbar spine on 3-6-15 revealed mild levoscoliosis. The diagnoses have included lumbosacral spondylosis without myelopathy; lumbar facet arthropathy; Left S1 (sacroiliac) joint dysfunction and cervical radiculopathy. Treatment to date has included transforaminal epidural steroid injection left L4, L5 nerve root on 4-17-15 with 100 percent pain relief for several days; chiropractic therapy times six sessions decreased his pain minimally only temporarily; acupuncture therapy with no benefit; physical therapy with no benefit; rhizotomy at L4-5, L5-S1 (sacroiliac) on 9-5-14 with 10 percent relief of his low back pain for a few days but then his symptoms returned; interlaminar lumbar epidural steroid injection C5-6 on 11-12-15 stated he had excellent relief for two days after the injection, but by the third day some of his pain

returned; Butrans; Gabapentin; Flexeril and Naproxen. The injured worker reports that these medications help much more than the Norco and the medication decreased his pain from 8 out of 10 to 6 out of 10. The original utilization review (8-27-15) non-certified the request for cervical medial branch block bilateral C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MBB bilateral C5-6 and C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter and Neck and Upper Back Chapter, Facet Joint Therapeutic Injections.

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 chapter and pg 36.

Decision rationale: In this case, the claimant had chronic neck pain despite undergoing therapy and medication use. MRI does indicate nerve root encroachment in the cervical spine. The claimant does have a diagnosis of radiculopathy. The guidelines do not support MBB in radiculopathy cases and the request is not medically necessary.