

Case Number:	CM15-0092552		
Date Assigned:	05/18/2015	Date of Injury:	03/01/2001
Decision Date:	06/24/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

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 female who sustained an industrial injury on 03/01/2001. The injured worker was diagnosed with cervical adjacent segment disease, cervical radiculopathy, cervical facet arthropathy, lumbar adjacent segment disease, lumbar stenosis and lumbar radiculopathy. Treatment to date includes diagnostic testing with the most recent cervical and lumbar spine magnetic resonance imaging (MRI) on January 29, 2015, multiple bilateral lumbar spine transforaminal epidural steroid injections, bilateral medial branch block C7-T1 on July 25, 2014, chiropractic therapy, physical therapy and medications. The injured worker is status post anterior cervical fusion C4-5, C5-6 and C6-7 in August 2011 and posterior stabilizing fusion L4-L5 on March 19, 2013. According to the primary treating physician's progress report on April 15, 2015, the injured worker continues to experience neck and low back pain and ongoing headaches. The injured worker rates her neck pain at 6/10 with flare-ups 4 times a week with pain levels to 10/10. The injured worker experiences a cramping sensation in the mid back radiating into the head rated at 8/10 and numbness and tingling in the bilateral upper extremities into the hands and the 1st, 2nd and 3rd digits. The injured worker rates her lumbar pain level at 8/10 radiating into the bilateral hips to the right lower extremity to the foot and 2nd and 3rd toes. Examination demonstrated a slow, guarded gait with normal heel and toe walk. A single pointed cane was used. There was tenderness to palpation of the bilateral cervical and right lumbar paraspinal muscles. Range of motion was decreased in the cervical, thoracic and lumbar planes with decreased motor strength, diminished left C5 and right L5 dermatome distribution and increased deep tendon reflexes. Hoffmann's sign was positive on the right and negative on the

left. Straight leg raise was positive on the right at 60 degrees with pain radiating to the right calf. Current medications are listed as Gabapentin, Norco, Celebrex, Soma, LidoPro cream, Cymbalta and Docuprene. Treatment plan consists of a Computed Tomography (CT) of the lumbar spine, Computed Tomography (CT) of the cervical spine and a bilateral medial branch block at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial branch block at bilateral C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Facet joint diagnostic blocks. (2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for repeat cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that successful cervical medial branch block to be followed by radiofrequency ablation treatment. Within the documentation available for review, the patient has had prior bilateral C7-T1 level MBB injection on 7/25/2014 with documented relief for 2 weeks associated with improved function of 90%. However, a repeat medial branch block is not recommended by the guidelines as the ODG states "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." Since the patient has known fusion at this level, by guidelines the cervical medial branch block is not medically necessary.

1 CT Scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper back complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Computed tomography (CT).

Decision rationale: Regarding the request for cervical CT, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend CT for patients with known or suspected spine trauma with normal plain radiographs. Within the documentation available for

review, the patient recently had MRI imaging of the cervical spine on 1/29/2015 without any red flag diagnoses and it is unclear what further information would be obtained from CT scan of the cervical spine that is not already found in the MRI study. In the clarity regarding those issues, the currently requested cervical MRI is not medically necessary.

1 CT Scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59 and 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Chapter, CT (computed tomography).

Decision rationale: Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, the patient recently had MRI imaging of the lumbar spine on 1/29/2015 without any red flag diagnoses and it is unclear what further information would be obtained from CT scan of the lumbar spine that is not already found in the MRI study. In the clarity regarding those issues, the currently requested lumbar CT is not medically necessary.