

Case Number:	CM13-0015658		
Date Assigned:	04/23/2014	Date of Injury:	10/01/2009
Decision Date:	06/02/2014	UR Denial Date:	08/11/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 50-year-old with a date of injury of October 1, 2009. The listed diagnoses per [REDACTED] are left cervical facet joint pain at C3 to C4, C4 to C5, and C5 to C6, positive fluoroscopically-guided diagnostic left C3 to C4 and C5 to C6 facet joint median branch block, cervical facet joint arthropathy, lumbar facet joint pain at L4 to L5 and L5 to S1, lumbar disk protrusion, lumbar facet joint pain, lumbar stenosis, lumbar sprain/strain, cervical disk protrusion, cervical facet joint pain, cervical stenosis, cervical sprain/strain, right shoulder SLAP tear, and right shoulder internal derangement. According to report dated July 30, 2013, the patient presents with bilateral low back pain, right neck pain, and right shoulder pain. The patient is status post diagnostic left C3-4 and C5-6 facet joint median branch block. The injection provided 80% improvement of her neck pain with improved range of motion for 30 minutes after the injection and lasted approximately 2 hours. Examination revealed tenderness upon palpation of the cervical, thoracic, and lumbar paraspinal muscles, and right shoulder. There is tenderness upon palpation over left C3 to C6 facet joints and bilateral L4 and S1 facet joints. Right shoulder, lumbar, and cervical spine range of motion were also restricted by pain in all directions. Lumbar and cervical facet joint proactive maneuvers were positive. Muscle strength is 5/5 in all limbs. The treater recommends a fluoroscopically-guided left C3 to C4 and C5 to C6 facet joint rhizotomy to treat the patient's left neck pain. He also recommends fluoroscopy-guided bilateral L4 to L5 and L5 to S1 facet joint median branch block to treat the patient's thoracic back pain. Utilization review denied the request on August 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUROSCOPICALLY GUIDED LEFT C3-4 AND LEFT C5-6 FACET JOINT RHIZOTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic neck, low back, and shoulder pain. The treater is requesting for a fluoroscopy-guided left C3 to C4 and left C5 to C6 facet joint rhizotomy. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines incidentally notes under footnote, "There is limited evidence that RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have had a positive response to facet injections. Lasting relief (eight to nine months on average) from chronic neck pain has been achieved in about 60% of cases across two studies with an effective success rate on repeat procedures, even though sample sizes generally have limited (n = 24, 28)." This patient underwent a Medial branch block in June of 2013. The treater stated, "The injection provided 80% improvement of her neck pain with improved range of motion for 30 minutes after the injection and lasted approximately 2 hours." ODG requires adequate diagnostic block prior to considering a Rhizotomy. The request for a fluroscopically guided left C3-C4 and left C5-C6 facet joint rhizotomy is medically necessary and appropriate.

FLUOROSCOPICALLY GUIDED BILATERAL L4-5 AND L5-S1 FACET JOINT MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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), Lumbar Facet Joint Signs & Symptoms Section.

Decision rationale: This patient presents with neck, low back, and shoulder pain. The treater is requesting afluoroscopy-guided bilateral L4 to L5 and L5 to S1 facet joint medial branch block. Records indicate the patient underwent a diagnostic injection in June 2013. The Low Back Complaints Chapter of the ACOEM Practice Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radiofrequency ablations on page 300 and 301. ODG Guidelines also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, although the physical examination did not note any radicular signs, the patient has a diagnosis of lumbar stenosis. Report from May 16, 2013 also notes patient has lumbar radiculopathy. The ODG recommends facet blocks for non-radicular symptoms. Furthermore, this patient already had

medial branch blocks in June 2013. The request for fluoroscopically guided bilateral L4-L5 and L5-S1 facet joint medial branch block is not medically necessary or appropriate.