MAXIMUS Federal Services

Case Number:	CM13-0024269		
Date Assigned:	11/20/2013	Date of Injury:	12/10/2008
Decision Date:	01/16/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 physician 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 injured worker is a 58-year-old male with a date of injury on December 10, 2008. The mechanism of injury was a slip and fall. The injured worker carries a diagnosis of anterior cervical fusion of C4-5 and C5-6, cervical radiculopathy, cervical strain, cervical herniated nucleus pulposus, bilateral impingement syndrome, history of transposition of all the nerve, history of acromioplasty and decompression of the left shoulder, and lumbosacral strain. A utilization review decision dated August 13, 2013 denied the request for bilateral cervical facet joint injections and cervical medial branch blocks. The stated reason included lack of clarity as to why two methods of facet joint blocks were requested as well as cervical radiculopathy which "should exclude the performance of facet joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RUSH bilateral cervical medial branch nerve block: 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), Section Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175,Chronic Pain Treatment Guidelines Section Topics of the

California Code of Regulations Page(s): 4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

Decision rationale: The MTUS guidelines indicate that invasive techniques, including needle injection of trigger points or facet joints, have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The ODG guidelines indicate that there are no reports from quality studies regarding the effect of intra-articular steroid injections. Medial branch blocks are generally considered diagnostic blocks. In one randomized study, it was opined that there was no role for steroid in the blocks, and the mechanism for the effect of local anesthetic only, could only be speculated on. If the therapeutic intra-articular and medial branch blocks are to be used anyway, there should be no evidence of radicular pain, spinal stenosis or previous fusion. Additionally, if successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectively is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In the case of this employee, the cervical facet injections or medial branch blocks are not recommended by the MTUS guidelines and ODG guidelines. Nonetheless, the ODG guidelines do specify criteria for the performance of cervical facet injections or medial branch blocks in cases where providers wish to perform these procedures despite general recommendations against them. These criteria include that no evidence of radicular pain is present. According to the submitted documentation, this employee still has significant cervical radiculopathy symptoms. In one progress note dated August 13, 2013, there is indication that there was weakness in the bilateral handgrip strength. The treatment plan includes a referral to consult with neurosurgery, which had performed the previous fusion. The latest neurosurgery report available indicates that the employee has "progressive recurrent cervical spondylitic myelopathy and radiculopathy" and recommended additional imaging. Given the guidelines, the request for cervical medial branch blocks is recommended for noncertification.