MAXIMUS Federal Services

Case Number:	CM13-0028075		
Date Assigned:	11/22/2013	Date of Injury:	10/24/2011
Decision Date:	02/03/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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:

This is a female patient with the date of injury of October 24, 2011. A utilization review determination dated August 28, 2013 recommends certification of pain management follow up and Ortho-spine follow up and non certification of medial branch block right C3-C4 and medial branch block right C4-C5. Non certification of the medial branch blocks was recommended "as the patient does have radicular pain which ODG would indicate precludes performing facet injections and for a therapeutic repeat injection there should be 70% relief initially with 50% relief for 6 weeks prior to considering a repeat injection." A procedure report dated June 13, 2013 identifies procedure as cervical facet medial branch block, bilateral C4-5 and cervical facet medial branch block, bilateral C5-6. Progress report from July 19, 2013 identified "The patient underwent a medial branch block on 6/13/13 at C4-C5 and C5-C6, which helped decrease pain around 20% to 30% for a few hours." A progress report dated August 6, 2013 notes that the patient "does continue home exercise program as tolerated." Progress report from October 9, 2013 identifies subjective complaints of "neck and low back pain, which she currently rates an 8-9/10 on the pain scale. She continues to have bilateral upper extremity numbness and tingling to the hands." Physical examination findings identified range of motion of the cervical, thoracic, and lumbar spine is decreased throughout. Increased pain with cervical extension. Diffusely tender to palpation over the cervical, thoracic, and lumbar paraspinals as well as tenderness over cervical facet region. 5-/5 right deltoid, wrist extensors, and wrist flexors. Positive facet loading challenge of the bilateral C3/C4 and C4/C5 facets. Diagnoses were "facet osteoarthritis of cervical spine, cervical stenosis at C3-4 and C4-5, L5-S1 stenosis, insulin dependent diabetes, multilevel cervical degenerative disc disease and facet arthropathy, and C4-C5 left neural foraminal narrowing and m

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block right C3-C4 i: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Chapter

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

Decision rationale: Regarding the request for medial branch block right C3-C4, Occupational Medicine Practice Guidelines state that invasive techniques 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. ODG states that clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of â¿¥ 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). The patient does present with symptoms and findings consistent with facet joint pain and has undergone treatment with medication and a home exercise program. However, the patient does complain of "bilateral upper extremity numbness and tingling to the hands." The Guidelines limit medial branch blocks to patients with cervical pain that is non-radicular. In the presence of symptoms consistent with radiculopathy, the currently requested medial branch block right C3-C4 is not medically necessary.

Medial branch block right C4-C5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Chapter

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

Decision rationale: Regarding the requested medial branch block right C4-5, Occupational Medicine Practice Guidelines state that invasive techniques 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. ODG states that while not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal

stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). It is noted that "The patient underwent a medial branch block on 6/13/13 at C4-C5 and C5-C6, which helped decrease pain around 20% to 30% for a few hours." These blocks were done bilaterally. The Guidelines state there should be no evidence of radicular pain, spinal stenosis, or previous fusion and if a prior block was successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. Within the documentation available for review, the patient is noted to have radicular symptoms with diagnoses of cervical stenosis at C3-4 and C4-5 and the previous block only achieved "around 20% to 30% pain relief for a few hours." As such, the currently requested medial branch block right C4-C5 is not medically necessary.