MAXIMUS Federal Services

Case Number:	CM13-0028369		
Date Assigned:	11/27/2013	Date of Injury:	08/22/2005
Decision Date:	08/26/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old male who has submitted a claim for cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, degenerative cervical intervertebral disc, degenerative lumbosacral intervertebral disc, cervicalgia, lumbago, thoracic/lumbosacral radiculitis, and spasm of muscle associated with an industrial injury date of August 22, 2005.Medical records from 2013-2014 were reviewed. The patient complained of neck and arm pain, rated 6/10 in severity. Physical examination showed cervical paraspinal muscle tenderness with spasming. The right trapezius/rhomboid was quite tender/painful. There was pain consistent with the cervical facet C5, C6, C7. No new neurologic deficits were noted. MRI of the cervical spine, dated October 13, 2010, revealed disc protrusion at C4-C5, C5-C6 and C6-C7.Treatment to date has included medications, Physical Therapy, Home Exercise Program, Activity Modification, Lumbar Fusion Surgery, and Right Cervical Medial Branch Block with RFA.Utilization review, dated August 26, 2013, denied the request for Pain Management Consultation and Cervical Medial Branch Blocks/Facet Blocks (L) C3-C7 because there were no objective findings of facet-mediated pain and there was presence of radiculopathy. An appeal letter, dated September 9, 2013, stated that the patient exhibited facetogenic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialty Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, Occupational Health Practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient was being consulted for pain management for the left sided C3-C7 facet block with RFA. However, the related request for Cervical Medial Branch Blocks/Facet Blocks (L) C3-7 has been deemed not medically necessary. Therefore, all of the associated services, such as this request for Pain Management Consultation are likewise not medically necessary.

CERVICAL MEDIAL BRANCH BLOCKS/FACET BLOCKS (L) C3-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet Nerve Blocks for Treatment of Injuries pages 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Section, Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms.

Decision rationale: Pages 173-175 of CA MTUS ACOEM Guidelines state that invasive techniques (e.g., facet joint blocks) 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. In addition, Official Disability Guidelines states that criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, patient complained of neck pain and arm pain. Physical examination only showed cervical paraspinal muscle and right trapezius/rhomboid tenderness, and pain consistent with the cervical facet C5, C6, C7 with no new neurologic deficits. Pertinent subjective and objective findings were lacking. Furthermore, there was no documentation of failed conservative treatment. Moreover, the present request exceeded the guideline recommendation of no more than 2 joint levels per session. Guideline criteria were not met. In addition, the recent progress report requested a repeat right C5-C7 medial branch block with RFA, which is not consistent with the present request. Therefore, the request for Cervical Medial Branch Blocks/Facet Blocks (L) C3-7 is not medically necessary.