

Case Number:	CM13-0030302		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2010
Decision Date:	03/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 40 year old female with a date of injury on 3/8/10. She has related neck pain. Per a note from 8/9/13, she was experiencing sharp pain rated 7/10, aggravated by movement and anxiety causing pain to rise to 10/10. She had not been taking anything for the pain. She states that she was able to wean off all opiates and benzodiazepines through rehabilitation in 6/2013. Her primary treating physician informed stated that the best treatment option for her would be to avoid all opiates, if possible. The documentation provided does not include imaging studies. The documentation provided also does not comment on the use of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet neck, bilateral C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: With regard to facet joint diagnostic blocks, the Official Disability Guidelines state that they are recommended prior to facet neurotomy (a procedure that is

considered under study). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The criteria for the use of diagnostic blocks for facet nerve pain include: (1) One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. 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, physical therapy and nonsteroidal anti-inflammatory drugs (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 documentation submitted for review indicates that 3 levels bilaterally are requested for cervical facet injection, but the guidelines only support 2 joint levels in one session. Therefore, the requested services are not medically necessary or appropriate.