

<b>Case Number:</b>	CM13-0035078		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/21/1999
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

The patient is a 55 year old female with stated date of injury of 09/21/1999. Mechanism of injury is not disclosed. She now complains of chronic low back pain and right leg pain, history of bilateral shoulder pain, neck pain to shoulder/hand, chronic knee pain. MRI of c-spine (03/25/13) Millennium Imaging- Minimal central canal stenosis is seen at C5-6 secondary to a 4.0mm broad-based disc protrusion. No definite cord compression or nerve root compression is seen. MRI of C-spine (03/22/13) Redlands Multilevel degenerative disc disease with reversal of the normal cervical lordosis. C4-5: 2mm broad-based posterior disc protrusion. C5-6: 2mm retrolisthesis with 3mm focal central disc protrusion and bilateral. Uncovertebral joint hypertrophy. C6-7: 2 to 3 mm broad-based posterior disc protrusion. Current Medication: Cambia (diclofenac potassium) (Dosage: 50 rmg Powder in Packet SIG: 1 packet Oral as directed as needed for pain Dispense: 9 Refills: 1 Note: at onset of migraine HA). Cymbalta (duloxetine) (Dosage: 60 mg capsule delayed release(DR/EC) SIG: Take 1 capsule Oral twice a day as directed Dispense: 60 Refills: 2), Grallse (gabapentin) (Dosage: 300 mg tablet extended release 24 hr SIG: Take 1 tablet Oral twice a day Dispense: SO), Lidoderm (lidocaine) (Dosage: 5% { 100 mg/patch) Adhesive Patch, Medicated SIG: Apply 1 patch Top every twelve hours as needed for pain Dispense: 60 Refills: 1 ), Norco (hydrocodone-acetaminophen) (Dosage: 10-325 mg tab 91: SIG: Taks 1 tablet Oral every four hours as needed for pain Dispense: 180 Note: NTE 6/day), Nucynta ER (tapentadol) (Dosage: 250 mg tablet extended release 12 hr SIG: Take 1 tablet Oral every twelve hours as needed for pain Dispense: 60 Note: for baseline pain) MEDICATIONS Tried/Failed: Lyrica - weight gain/no help, methadone -n/c, fentanyl patch -n/c, celebrex- weight gain, oxycontin 30mg q6hr. duexis, flexeril, anti-inflammatory cream, naproxen, nucynta ER- not effective.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C2-C3, C3-C4, C4-C5 Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** The reason for proposing a probable facet-mediated pain was not documented in the medical record provided for review. Also the guidelines would not support a 3-level medial branch block but rather support at most 2 levels of such injections. ODG-TWC-Neck Chapter-Facet blocks recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, but not recommend medial branch blocks except as a diagnostic tool. Not recommend a multiple series of facet joint injections Criteria for the use of diagnostic blocks for facet nerve pain: 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 at least 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). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.