

Case Number:	CM13-0036354		
Date Assigned:	03/19/2014	Date of Injury:	11/04/1997
Decision Date:	05/08/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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, Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 57 year-old female who reported an injury on 11/04/1997. The mechanism of injury was not provided. The progress report dated 09/03/2013 indicated the injured worker had undergone a diagnostic left C2-3 facet injection on 08/23/2013. Her post procedure pain diary documented a reduction in her left upper neck pain and left-sided headaches from 8/10 to 9/10 to the week preceding the injection to no pain immediately after the procedure. It was noted the pain started to return as expected 2 days after the procedure, but still less than previously. Upon examination of the cervical spine, there was no tenderness of the scalene muscle, the sternocleidomastoid, the supraclavicular fossa, the trapezius, the levator scapulae, or the rhomboid. There was no trigger point pain. Range of motion of the cervical spine was within normal limits. Muscle strength of the neck and the bilateral upper extremities were within normal limits at 5/5. Reflexes of the bilateral upper extremities were within normal limits. Sensation on the right upper extremity was normal at the medial nerve distribution and ulnar nerve distribution and C5, C6, C7, C8, and T1 and T2. Sensation of the left upper extremity was normal to the median nerve distribution and the ulnar nerve distribution at C5, C6, C7, C8, T1, and T2. Sensation was decreased to the dorsal hand. Spurling's, Hoffmann's reflex, Phalen's test, and Tinel's were all negative. The diagnoses provided were post laminectomy syndrome, cervical region; cervicalgia; and brachial neuritis and radiculitis NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH NERVE INJECTION AT LEFT C2-3 FACET JOINT INJECTION:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK, FACET JOINT DIAGNOSTIC BLOCKS AND FACET JOINT PAIN, SIGNS AND SYMPTOMS.

Decision rationale: The California MTUS states that invasive techniques such as facet joint injections 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. However, more specifically, the Official Disability Guidelines state that facet joint diagnostic blocks are recommended prior to facet neurotomy, procedure that is considered "under study." The criteria for use of diagnostic blocks for facet nerve pain include clinical presentation should be consistent with facet joint pain, signs and symptoms. The most common symptom is unilateral pain that does not radiate past the shoulder. Physical findings include signs in the cervical region are similar to those found in the spinal stenosis, cervical strain, and discogenic pain. Characteristics are generally described as axial neck pain, tenderness to palpation in the paravertebral areas (over the facet region), decreased range of motion, and absence of radicular or neurogenic findings. One set of diagnostic medial branch blocks is required with a response greater than or equal to 70%. Facet joint diagnostic blocks are limited to patients with cervical pain that is non-radicular and no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks; no more than 2 joint levels are injected in 1 session. The records submitted for review indicated that upon palpation of the soft tissue, there was no tenderness of the scalene muscle, the sternocleidomastoid, the supraclavicular fossa, the trapezius, the levator scapulae, or the rhomboid bilaterally. Upon bony palpation, there was no tenderness of the occipital protuberance, the mastoid process, the transverse process, or the spinous process. The active range of motion was within normal limits; no crepitus and no pain elicited by motion. Furthermore, the records submitted for review indicated the injured worker underwent a diagnostic left C2-3 facet injection on 08/23/2013 with documentation of 100% relief immediately after the procedure; as such a repeat injection would not be warranted. The records submitted for review failed to include documentation of a planned facet neurotomy. The records submitted for review failed to include documentation consistent with the facet joint pain signs and symptoms. Given the above, the request for medial branch nerve injection at left C2-3 facet joint injection is not supported. Therefore, the request is non-certified.