MAXIMUS Federal Services

Case Number:	CM13-0043143		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2011
Decision Date:	05/22/2014	UR Denial Date:	10/09/2013
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 Occupational 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 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 an employee of [redacted] and has submitted a claim for displacement of cervical intervertebral disc without myelopathy, and cervical facet joint hypertrophy associated with an industrial injury date of 12/07/2011. Treatment to date has included lumbar support, chiropractic care, acupuncture, TENS unit, hot/cold therapy, home exercises, physical therapy, shockwave therapy, and medications including hydrocodone, acetaminophen, and Tylenol. A utilization review from 10/09/2013 denied the request for cervical facet joint block medial branch C4-C5, C5-C6, and C6-C7 bilaterally because this is not considered as a first-line therapy. Medical records from 2011 to 2013 were reviewed showing that the patient complained of constant neck pain radiating to right trapezius, right shoulder, and to the fingers of the right hand posteriorly. The patient's pain was graded as 8/10 in severity. She likewise complained of pain in the upper back described as stabbing, graded 8/10 in severity. This was associated with difficulty falling asleep, dizziness, headache, anxiety and decreased strength. The patient's pain was aggravated by repetitive lifting, repetitive carrying, pushing, and pulling. A physical examination showed tenderness at C4 to T1 levels. Range of motion for the cervical spine was limited at 30 degrees towards flexion, 25 degrees towards extension, and 50 degrees towards rotation bilaterally. A motor deficit was noted at the right deltoid, biceps, triceps, wrist extensors, wrist flexors, finger extensors, finger flexors, and intrinsic hand muscles. Sensation was intact. An MRI of the cervical spine, dated 12/15/2012, revealed disc desiccation at C2-C3 to C6-C7 levels; type 1 endplate degenerative changes at C5-C6 level; Schmorl's node at C5-C6 level; annular tear at C6-C7; C3-C4 diffuse disc protrusion effacing the thecal sac; C4-C5 diffuse disc protrusion effacing the thecal sac with neuroforaminal narrowing on left side without impingement; C5-C6 diffuse disc protrusion effacing the thecal sac with narrowing of

right neural foramen effacing the exiting right C6 nerve root; and C6-C7 focal central disc protrusion with annular tear effacing the thecal sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL FACET JOINT MEDIAL BRANCH BLOCK, C4-C5, C5-C6, AND C6-C7: Upheld

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

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 Section, Facet Joint Diagnostic Blocks.

Decision rationale: The ODG states that diagnostic medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment, and no more than 2 joint levels are injected in one session. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections (ESIs) as this may lead to improper diagnosis or unnecessary treatment. In this case, the patient has been complaining of persistent neck pain even after physical therapy, home exercises, and intake of medications. A report dated 03/22/2013, cited that patient was advised cervical epidural steroid injection at disc levels C3-C4, C4-C5, C5-C6, and C6-C7. The patient was likewise advised to undergo medial branch blocks bilaterally at C4-C5, C5-C6 and C6-C7. The two procedures were planned to be performed simultaneously to decrease anesthetic exposure of the patient, as well as to minimize her travel time. However, it is not recommended to perform facet blocks on the same day as treatment as ESI. Concurrent administration would dilute any potential differential diagnostic value. Furthermore, the requested medial branch block is for three levels which exceeds the ODG recommendation of no more than two joint levels to be injected in one session. Therefore, the request for bilateral cervical facet joint medial branch block, C4-C5, C5-C6, and C6-C7 is not medically necessary and appropriate.