

Case Number:	CM13-0052500		
Date Assigned:	12/27/2013	Date of Injury:	12/02/1996
Decision Date:	04/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 female who reported an injury on 12/02/1996. Her diagnoses include cervical osteoarthritis. The mechanism of injury was noted to be a fall. Her symptoms were noted to include cervical spine pain with radiation to the bilateral upper extremities to the fingers. Her previous treatments related to the cervical spine were listed as an x-ray in 2006 and a CT scan in 2008. Physical examination findings of the cervical spine include bilateral spasm and tenderness to palpation of the cervical paraspinals and upper trapezius, and painful and limited cervical range of motion. Her recent physical exam findings did not include examination findings involving the upper extremities. Her treatment plan following her 09/11/2013 visit was noted to include a Pain Management Referral for cervical epidural steroid injections at the C5 through C7 levels. A treatment plan noted in her 10/09/2013 clinical note indicated that she was being referred for a pain management consultation for bilateral C5 through C7 medial branch blocks. Then, her 12/06/2013 note included a treatment plan for a pain management consultation for bilateral C5 through C7 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: C5-7 MEDIAL BRANCH BLOCK: Upheld

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

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.

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques such as facet joint injections have no proven benefit in treating acute and upper back symptoms; however, many pain physicians believe that diagnostic and/or therapeutic injections may help patients in the transitional phase between acute and chronic pain. As the patient is shown to have chronic pain related to her work related injury in 1996, the Official Disability Guidelines were referenced. The ODG state that diagnostic facet joint blocks may be recommended for patients with signs and symptoms of facet joint pain specified as tenderness to palpation directly over the facets; decreased range of motion; axial neck pain with no radiation or rarely past the shoulders; in an absence of radicular and/or neurologic findings. The ODG also state that facet joint diagnostic blocks are limited to patients with nonradicular cervical pain no more than 2 levels bilaterally when there is documented evidence of failure of an adequate course of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks. The clinical information submitted for review indicates that the patient has cervical spine pain and decreased range of motion. She was also noted to have tenderness to palpation over the paraspinal muscles; however, the documentation did not indicate whether she had tenderness directly over the facets. In addition, the patient's pain was described as radiating to her fingers in the bilateral upper extremities and a neurological examination was not shown to have been performed on her bilateral upper extremities to rule out evidence of radiculopathy and/or neurological deficits. Further, the clinical information submitted for review failed to indicate whether the patient has had any recent conservative treatment including physical therapy and/or home exercises directed at the cervical spine. Moreover, as the patient's treatment plan changed at each of her 09/11/2013, 10/09/2013, and 12/06/2013 visits from epidural steroid injections, medial branch blocks, and finally to radiofrequency ablation at the C5-7 levels, there is some confusion as to these changes as the patient's subjective and objective findings were noted to be the same at each of these visits. Therefore, based on the lack of details regarding the patient's cervical spine pain and radicular symptoms, evidence of conservative care, and clarification regarding the treatment plan, the request is not supported. As such, the request is non-certified.