

Case Number:	CM14-0008693		
Date Assigned:	01/29/2014	Date of Injury:	06/22/2010
Decision Date:	08/04/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 a 54 year old male who has submitted a claim for displacement of cervical and lumbar intervertebral discs without myelopathy and lumbosacral neuritis associated with an industrial injury date of June 22, 2010. Medical records from 2013 were reviewed. The patient complains of constant upper back pain radiating to the neck and shoulders, and low back pain radiating to bilateral lower extremities, graded 7/10 in severity. Pain at both legs was described as numbness and tingling sensation. Aggravating factors included prolonged sitting, prolonged standing, prolonged walking, repetitive neck bending, repetitive lifting, and overhead reaching. Alleviating factors included rest, activity modification and heat. Physical examination of the cervical and lumbar spine revealed tenderness and restricted range of motion. Triceps reflexes were diminished bilaterally. Sensation was diminished at bilateral C7 and C8 dermatomes. Motor deficit was present at the left C8 myotome. Foraminal compression test was positive bilaterally. Valsalva maneuver and sciatic tension test were positive bilaterally. Straight leg raise test for pain along the sciatic distribution was positive bilaterally. Sensation was diminished at bilateral L4 and L5 dermatomes. Motor weakness was noted at L4 and L5 myotomes. An MRI of the cervical spine, dated 08/13/2012, revealed multi-level focal disc protrusion, and bilateral neuroforaminal narrowing at C4-C5 level. Treatment to date has included cervical and lumbar epidural steroid injections, cervical facet block, chiropractic care, physical therapy, acupuncture, use of a lumbar support, use of a wrist brace, use of a TENS unit, and medications such as naproxen, Norco, Zanaflex, Vicodin, and Xanax. A utilization review from January 3, 2014 denied the request for urgent bilateral C3 to C4, C4 to C5, C5 to C6 facet joint block because patient has radicular symptoms, which are not consistent with facet-mediated pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT BILATERAL C3-4, C4-5, C5-6 FACET JOINT BLOCK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Section, Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms.

Decision rationale: Pages 173-175 of the ACOEM Guidelines state that invasive techniques (e.g., facet joint blocks) 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 pain. In addition, the ODG states that manifestations of facet joint pain should not include radicular or neurologic findings. No more than 2 joint levels are injected in one session. In this case, the patient complained of neck pain radiating to the shoulder area. Pertinent objective findings included tenderness, restricted range of motion, motor deficit at left C8 myotome, hyporeflexia of both triceps, and dysesthesia at bilateral C7 dermatomes. The patient previously underwent a cervical facet joint block which resulted in 50% pain relief and improved activities of daily living. However, the patient's manifestations strongly indicate focal neurologic deficit, corroborated by MRI findings of bilateral neuroforaminal narrowing. Presence of radiculopathy is not indicated for facet joint block procedures. Moreover, the present request exceeded the guideline recommendation of no more than 2 joint levels per session. Guideline criteria were not met. Therefore, the request for urgent bilateral C3-4, C4-5, C5-6 facet joint block is not medically necessary.