

Case Number:	CM14-0104270		
Date Assigned:	07/30/2014	Date of Injury:	08/18/2008
Decision Date:	09/18/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas & Ohio. 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 42-year-old female who reported an injury on 08/18/2008 due to repetitive heavy lifting at work. The injured worker was diagnosed with status post anterior cervical discectomy and fusion at C4-5, C5-6 and C6-7, severe adjacent segment disease of the cervical spine, cervical radiculopathy, and degenerative disc disease of the lumbar spine. The injured worker received an epidural steroid injection at C3-4 on 06/26/2014. The injured worker, following her injury, received conservative care including chiropractic care, which she reported helped with symptoms, and acupuncture. The injured worker reported that acupuncture was unsuccessful. The injured worker received an MRI of the cervical spine dated 05/30/2012. The report noted postoperative changes at C4-7 with retrolisthesis at C3 and to C4 and with degenerative disc disease and facet arthropathy. There was canal stenosis included at C3-4 and C6-7 with mild to moderate canal stenosis. An EMG/NCS of the upper extremities dated 08/20/2013 reveals evidence of chronic right C6-8 radiculopathies without ongoing denervation, and chronic left C7-8 without ongoing denervation. The injured worker underwent anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 on 09/01/2011. The injured worker saw her physician on 06/19/2014 with complaints of neck pain, with bilateral pins and needles in the upper extremities as she rates the pain 8/10 on the pain scale. She reported numbness and tingling to the right arm, to the fingers, and left arm numbness and tingling to the elbow. She stated it felt like "a screw spinning in her neck and base of the skull." She reported weakness to bilateral lower extremities and stated she was becoming more forgetful of things. The physician noted the patient was alert and oriented and was in no acute distress. Her gait was antalgic. She walked with a single point cane. She had thrombotic purpura of the cervical spine with spasms into the bilateral trapezius region. She had limited range of motion to the cervical spine. She had decreased right C5, C6, C7 and C8 dermatomes with worse noted at C8. Muscle strength

was 4+/5 to the bilateral deltoids, biceps, internal and external rotators, triceps, interossei, finger flexors, and finger extensors. The injured worker received morphine, gabapentin, Topamax, Cymbalta, Zanaflex, and Colace. The physician's treatment plan is to proceed with the interlaminar epidural steroid injection at C3-4. The physician noted the injured worker was a candidate for a diagnostic injection at C2-3. The injured worker will continue with her home exercise program and medications as earlier prescribed. The physician is requesting a right C2-3 diagnostic facet injection. The rationale was not provided with these documents. The Request for Authorization form was signed on 05/02/2014 and made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right c2-3 diagnostic facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back Procedure Summary -Therapeutic intra-articular and medial branch blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: California MUTS/ACOEM Guidelines for neck and upper back complaints states facet joint injections have no proven benefit. Official Disability Guidelines for facet joint diagnostic blocks recommend this procedure prior to a facet neurotomy. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for facet blocks include 1 set of diagnostic medial branch blocks is required with a response equal to or greater than 70% with response being approximately 2 hours for lidocaine. This procedure is limited to patients with cervical pain that is nonradicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. Diagnostic blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The physician's treatment plan does not document a facet neurotomy is being considered if the response to the facet injections is adequate at this time. There is subjective and objective reporting of radicular pain to the cervical spine. The physician notes acupuncture has failed; however, chiropractic care, medications, and home exercise does provide some relief to the injured worker. As such, the request is not medically necessary and appropriate.