

Case Number:	CM14-0012131		
Date Assigned:	03/07/2014	Date of Injury:	12/19/2011
Decision Date:	07/21/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 56-year-old female who has submitted a claim for cervicocranial syndrome, cervicobrachial syndrome, thoracic outlet syndrome, and dorsal segmental dysfunction associated with an industrial injury date of December 19, 2011. The medical records from 2013 were reviewed. The patient complained of upper back and neck pain. There was associated numbness in bilateral hands and fingers. The pain was aggravated by sitting, riding in the car, bending, stooping, walking, and lying down. Her pain was constant and moderate. The physical examination showed decreased range of motion of the cervical spine with bilateral cervical pain and tightness on the right. Foraminal compression centered with pain at the cervicothoracic junction was noted, worse on the right. Foraminal compression left with pain at C5-C6-C7. Right compression C7 and T1 pain on the right. Cervical distraction was positive for relief of pain in the cervical and dorsal spine to T6 area, right shoulder depression elicits pain in the right cervical thoracic junction area, and left shoulder depression show centered cervical thoracic junction pain. Soto hall and Linders tests were positive on the right at the cervicothoracic junction. Adson's maneuver and costoclavicular test were positive for a decrease of pulse in the upper extremities. Sensory examination revealed left arm hypoesthesia. There was weakness with resisted right abduction and flexion of the shoulder. Spinal accessory nerve weakness on the right was noted. Biceps and radial reflexes were 1+. There was noted weakness of grip strength on the dominant right hand. MRI of the cervical spine revealed degenerative disc disease at C4-C5 and C5-C6 with some disc space collapse. Official report of the imaging study was not available. The treatment to date has included medications, physical therapy, activity modification, and lumbar epidural steroid injection. The utilization review, dated December 19, 2013, denied the request for bilateral C4-5 and C5-6 facet blocks injection because there was no

recent physical exam that would corroborate absence of radicular findings. Provocative testing that would corroborate pain generator was not conducted as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C4-5 AND C5-6 FACET BLOCK INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks and Low Back Chapter.

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

Decision rationale: Pages 173-175 of California MTUS ACOEM Guidelines state that invasive techniques 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, patient complained of cervical and neck pain with numbness to the hands and fingers. The pertinent objective findings included decreased range of motion, left arm hypoesthesia, motor weakness on the shoulder, spinal accessory nerve weakness, and diminished biceps and radial reflex. The patient's manifestations strongly indicate focal neurologic deficit. Presence of radiculopathy is not an indication for facet joint block procedures. The guideline criteria were not met. Therefore, the request for bilateral C4-5 and C5-6 facet block injection is not medically necessary.