

Case Number:	CM14-0012605		
Date Assigned:	02/21/2014	Date of Injury:	12/04/2006
Decision Date:	06/26/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	01/31/2014

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 And 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 65 year old male with an injury reported on 12/04/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/04/2014 reported that the injured worker complained of back pain which radiated to his right leg associated with numbness and tingling sensations. The physical examination revealed moderate cervical paraspinous muscles tenderness and spasm extending to both trapezius. It was also reported there was moderate facet tenderness at the C4 through C7 levels. It was noted the injured worker's neurological examination was negative for any significant abnormalities. The injured worker's range of motion to his cervical spine demonstrated flexion to 20 degrees and extension to 50 degrees. The injured worker's diagnoses included trigeminal neuralgia, cervical disc disease, cervical facet syndrome, status post left shoulder arthroscopic repair, lumbar disc disease, lumbar facet syndrome, status post bilateral knee arthroscopic repair. The provider is requesting left and right C5-7 medial branch block. The request for authorization was not submitted. The rationale for the left and right C5-7 medial branch block request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C5-7 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back, Facet joint diagnostic blocks.

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 & Upper back, Facet joint diagnostic blocks.

Decision rationale: The request for left C5-7 medial branch block is non-certified. The injured worker complained of back pain, which radiated to his right leg associated with numbness and tingling sensations. It was reported the injured worker had moderate cervical paraspinous muscles tenderness and spasm extending to both trapezius and moderate facet tenderness at the C4 through C7 levels. The CA MTUS/ACOEM guidelines recognize invasive techniques (e.g., needle acupuncture and injection procedures, such as facet joints) 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. According to the Official Disability Guidelines diagnostic facet injections may be appropriate when the clinical presentation is consistent with facet joint pain. The guidelines state that only one set of diagnostic medial branch blocks is required prior to neurotomy, with a response of ≥ 70%. Additionally, injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; and documentation should show failure of conservative treatment including home exercise, PT and NSAIDs for at least 4-6 weeks. The rationale for the C5-7 medial branch block was not provided. There is a lack of clinical information provided indicating the injured worker was unresponsive to physical therapy, home exercise and the utilization of NSAIDs. The guidelines recommend this procedure be done under fluoroscopy to avoid arterial, intrathecal, or spinal injection, the request does not contain this recommendation. Therefore, the request is not medically necessary and appropriate.

RIGHT C5-7 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back, Facet joint diagnostic blocks.

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 & Upper back, Facet joint diagnostic blocks.

Decision rationale: The request for right C5-7 medial branch block is non-certified. The injured worker complained of back pain, which radiated to his right leg associated with numbness and tingling sensations. It was reported the injured worker had moderate cervical paraspinous muscles tenderness and spasm extending to both trapezius. It was also reported there was moderate facet tenderness at the C4 through C7 levels. The injured worker's range of motion to his cervical spine demonstrated flexion to 20 degrees and extension to 50 degrees. The injured worker's diagnoses included cervical disc disease and cervical facet syndrome The CA

MTUS/ACOEM guidelines recognize invasive techniques (e.g., needle acupuncture and injection procedures, such as facet joints) 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. According to the Official Disability Guidelines diagnostic facet injections may be appropriate when the clinical presentation is consistent with facet joint pain. The guidelines state that only one set of diagnostic medial branch blocks is required prior to neurotomy, with a response of ≥ 70%. Additionally, injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; and documentation should show failure of conservative treatment including home exercise, PT and NSAIDs for at least 4-6 weeks. The rationale for the C5-7 medial branch block is unclear. There is a lack of clinical information provided indicating the injured worker was unresponsive to physical therapy, home exercise and the utilization of NSAIDs. The guidelines recommend this procedure be done under fluoroscopy to avoid arterial, intrathecal, or spinal injection, the request does not contain this recommendation. Therefore, the request is not medically necessary and appropriate .