

Case Number:	CM14-0014071		
Date Assigned:	02/21/2014	Date of Injury:	01/27/2004
Decision Date:	06/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/27/2013

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 injured worker is a 43-year-old female with a reported date of injury on 01/27/2004. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of bilateral neck pain radiating to bilateral shoulders, bilateral thoracic pain, and bilateral low back pain. The injured worker rated her pain as 7/10. The injured worker's cervical range of motion demonstrated extension to 20 degrees, flexion to 40 degrees, lateral rotation to 60 degrees and side bending to 20 degrees. The injured worker had a negative Spurling's maneuver bilaterally, negative shoulder abduction tests bilaterally, negative Tinel's, Guyon's, Alan's and Phalen's tests bilaterally. The clinical note dated 12/26/2013 revealed lumbar and sacroiliac discogenic provocative maneuvers were negative bilaterally. Clonus, Hoffmann's and nerve root tension signs were negative bilaterally. According to the documentation provided for review, the injured worker attended an undetermined number of physical therapy treatments. The injured worker's diagnoses included bilateral cervical facet joint pain and arthropathy at C4-5, C5-6, and C6-C7, cervical disc bulge, cervical sprain/strain and lumbar sprain/strain. The injured worker's medication regimen included Voltaren. Per the clinical note dated 12/26/2013, the physician reported that the request for the facet joint medial branch blocks was requested to evaluate for the presence of cervical facet joint pain as a reason for the injured worker's left neck symptoms. The Request for Authorization for left C4-5 and left C6-7 facet joint medial branch blocks was submitted on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C4-5 AND LEFT C6-7 FACET JOINT MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS/ACOEM guidelines state diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. According to the Official Disability Guidelines, facet joint diagnostic blocks are recommended prior to facet neurotomy. Diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. According to the Official Disability Guidelines, the criteria for use of diagnostic blocks that there should be documentation of failure of conservative treatment to include home exercise, Physical Therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. The guidelines state facet joint injections should be limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. According to the clinical documentation provided for review, the injured worker presented with bilateral cervical facet joint pain at C4-5, C5-6, and C6-7. According to the clinical note dated 11/26/2013, the physician noted that the injured worker failed physical therapy and NSAIDs. There is a lack of objective clinical information provided related to prior failed physical therapy. The physician noted that the cervical range of motion was restricted by pain in all directions. According to the document dated 02/20/2014, the injured worker had a negative Spurling's maneuver bilaterally. The request as submitted failed to indicate whether the injection would be performed with fluoroscopic guidance. Therefore, the request for left C4-5 and left C6-7 facet joint medial branch blocks is not medically necessary and appropriate.