MAXIMUS Federal Services

Case Number:	CM14-0015395		
Date Assigned:	02/28/2014	Date of Injury:	10/14/2008
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 53-year-old male with date of injury of 10/14/2008. Per treating physician's report, 01/16/2014, the patient presents with low back and neck pain with examination of C-spine showing continued restricted range of motion, tenderness to palpation across the cervical spine, decreased range of motion, and pain with range of motion, facet loading positive with axial compression causing pain. Listed diagnoses are: Status post hardware removal, lumbar spine, Degenerative disk disease, Chronic low back pain, Breakdown C3-C4 with HNP annular tear, History of prior L4-L5 fusion, and Disk bulges at C4-C5, C5-C6.Recommendations were for medications, request C4 to C6 facet block bilaterally x1, appealed denial of facet block. A 12/05/2013 report has progressively worsening low back pain and stiffness, await cervical spine facet block. Trigger point injections were provided to lumbar paraspinal muscles and request is for C4 to C6 facet blocks bilaterally x1, appeal denial of the facet block. Operative report from 10/11/2010 is for lumbar discogenic disease with radiculopathy at L4-L5, L5-S1 where anterior exposure at L4-L5, L5-S1. This was achieved and the actual surgery was partial corpectomy, total discectomy, and fusion at L4-L5, L5-S1. MRI of C-spine from 04/24/2013 showed multilevel degenerative disk level changes with bulging, but no evidence for disk protrusion. Neuroforaminal encroachment on the left side at C3-C4 due to apparent asymmetric uncinate process hypertrophy. A 02/11/2013 report is by the treating physician requesting for postoperative physical therapy. The patient had lumbar fusion and hardware removal. In this report, the patient's neck pain is described as radiating to the right upper extremity to the level of the elbow and occasionally radiates distally to the level of his hand. "He continues to describe numbness and tingling in the same distribution pattern with weakness." A 05/08/2013 report by treating physician states neck pain worsened, request was for C4 to C6 facet block bilaterally x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL FACET BLOCKS AT C4-6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: This patient presents with chronic persistent neck pain. MRI showed degenerative disk changes only without disk herniation or protrusions. The treating physician has repeatedly asked for facet blocks at C4-C6 starting 05/08/2013 progress report. This request was denied by Utilization Review letter dated 01/17/2014. Examination showed positive facet loading test and tenderness to palpation in the cervical paraspinal muscle areas. Neurologically, the patient's examination was intact. While MTUS Guidelines do not discuss facet joint syndrome, ACOEM Guidelines page 174 on the footnote discuss facet joint diagnostic evaluation followed by radiofrequency ablation treatments. ODG Guidelines provide more specific discussion regarding facet joint evaluation. Facet joints are recommended for evaluation for lateralized pain with palpatory tenderness over the facet joints, non-radicular cervical pain, and diagnostic facet evaluation is recommended prior to radiofrequency ablation. Although the utilization reviewer has denied this request, this patient presents with criteria that is eligible for cervical facet diagnostic evaluation. The request is for C4 to C6 which is 2 levels, and there are no significant radicular symptoms in the upper extremity. The patient has failed conservative care. Again, ODG Guidelines criteria for facet joint diagnostic evaluation are axial neck pain, tenderness to palpation in the paravertebral area over the facet region, decreased range of motion, absence of radicular or neurologic findings. Recommendation is for authorization of bilateral cervical facet blocks at C4 to C6.