

Case Number:	CM14-0015425		
Date Assigned:	04/09/2014	Date of Injury:	03/05/2013
Decision Date:	08/26/2014	UR Denial Date:	01/30/2014
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, 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 injured worker is a 58-year-old male who reported an injury on 03/05/2013 due to unknown mechanism. Neck pain with neurological symptoms, sprain/strain of the neck, brachial neuritis, radiculitis not otherwise specified, and curvature of the spine associated with conditions of lordosis, shoulder impingement, rotator cuff syndrome of the shoulder, and allied disorders. The patient's treatment includes acupuncture, chiropractic and physical therapy. The injured worker's diagnostics include an MRI of the neck which revealed the impression of 3 mm disc bulge at C6-7 which result in moderate spinal stenosis; 3 mm posterior left paracentral disc protrusion at C5-6 which indents the anterior thecal sac but does not result in significant spinal stenosis; 3 mm bulge at C3-4 which indents the anterior thecal sac but does not results in significant spinal stenosis; mild to moderate right and mild left neural foraminal narrowing at the C3-4 and C4-5; mild left neural foraminal narrowing at C5-6; mild to moderate bilateral neural foraminal narrowing at C6-7; mild bilateral uncovertebral spondylosis at C3-4, C4-5, C5-6, and C6-7; mild bilateral facet arthropathy at C4-5, C5-6, and C6-7; disc desiccation at C2-3 through C6-7 with mild disc height loss at C3-4 an C6-7. There was no surgical history submitted. The injured worker's past treatments included physical therapy. The injured worker complained of uncontrolled neck pain with a pain score 8/10 without medication and 6/10 with medication. The injured worker states that pain medication only lasts 1 hour. On physical exam dated 04/19/2013, the injured worker was noted to have a soft collar in place and there was noted worsening pain and neurological symptoms. On the left hand, the first and second fingers had decreased sensation, left normal decreased sensation on the ulnar aspect of the left arm, and pronator drift. The injured worker's medications were Tylenol with codeine, tramadol, Vicodin, and Medrol. The provider's treatment plan is for physical therapy to start on 03/28/2013. There was also a treatment plan request for a cervical facet joint block at the medial branch at level C3-4, C4-5,

and C5-6 bilaterally, a pre injection medical clearance with an internal medicine specialist, pre injection psychological clearance, and a lumbar LSO. The rationale for the request was not submitted with documentation. The request for authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET JOINT BLOCK AT THE MEDIAL BRANCH AT LEVELS C3-4, C4-C5, C5-C6 BILATERALLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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) Upper neck and back, facet joint diagnostic blocks.

Decision rationale: The request for cervical facet joint block at the medial branch block at the medial branch at level C3-4, C4-5, C5-6 bilaterally is not medically necessary. According to the California MTUS/ACOEM Guidelines, there is limited evidence that radiofrequency Neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injection. Lasting relief is 8 to 9 months on average. Chronic pain has been achieved in 60% of the cases across 2 studies which is an effective success rate on repeat procedures even though sample sizes generally have been limited. Caution is needed due to scarcity of high quality studies. According to the Official Disability Guidelines criteria for use of a diagnostic facet nerve pain is limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally and if there is documentation of failure of conservative care including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks and that no more than 2 joint levels are injected in 1 session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated as well as in patients who have had previous fusion procedures at the planned injection site. The injured worker complained of dull to sharp pain in his neck that occurs all the time radiating to the shoulders. The pain increases with bending and turning of the neck. The pain is temporarily relieved with rest and medication. There is lack of documentation submitted with notations of failure of conservative treatment for at least 4 to 6 weeks. According to the guidelines, diagnostic blocks for facet pain are limited to patients with cervical pain that is non-radicular. Examination revealed decreased sensation that would not be indicative of facet mediated pain. Given the above, the request is not medically necessary.

PRE INJECTION MEDICAL CLEARANCE WITH AN INTERNAL MEDICINE SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Given that the cervical facet joint block at the medial branch was non-certified, the associated request for pre injection medical clearance with an internal medicine specialist is non-certified.

PRE INJECTION PSYCHOLOGICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for cervical facet joint block is non-certified. Therefore, the associated request for the pre injection psychological clearance is non-certified.

LUMBAR LSO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request lumbar LSO is non-certified. According to CA MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation that was submitted was for the injured worker was complaining of neck and shoulder pain. There is lack of documentation included that was provided for review did not support the request for a lumbar LSO as the injured worker is beyond the acute phase of his injury. Therefore, the request is not medically necessary.