

Case Number:	CM14-0110919		
Date Assigned:	08/01/2014	Date of Injury:	03/01/1994
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Emergency Medicine 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 63-year-old female who reported injury on 03/01/1994. The mechanism of injury was not provided. The current medications were noted to include Oxycontin 1 by mouth twice a day and oxycodone 15 mg 1 to 2 tablets every 4 hours as needed. The surgical history and diagnostic studies were not provided. The documentation of 05/19/2014 revealed the injured worker had complaints of pain in the left neck and shoulder. The physical examination revealed decreased flexion and extension, decreased rotation, and decreased bilateral lateral bending. The injured worker had tenderness at the subacromial space and bicipital groove and pain with resisted abduction. The injured worker had decreased abduction and pain with abduction. The injured worker had full strength in the left upper extremity. The diagnoses included cervical pain, cervicgia. The physical therapy included a left sided cervical medial branch block, and if helpful, a radiofrequency ablation. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side cervical medical branch block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and Upper Back, Facet joint diagnostic blocks

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 Chapter, Facet joint diagnostic blocks

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that diagnostic 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. As such, application of secondary guidelines were sought. The Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include "clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine...limited to no more than two levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The clinical documentation submitted for review failed to indicate myotomal or dermatomal examination to support a lack of radicular findings. There was a lack of documentation indicating the injured worker had tenderness to palpation in the paravertebral areas. There was a lack of documentation of prior conservative care, and as such, there was a lack of documentation of a failure of conservative treatment, including home exercise, physical therapy and NSAIDs prior to the procedure for at least 6 weeks. There was documentation indicating if the injured worker had a positive response, the physician would proceed to a radiofrequency ablation. The request as submitted failed to indicate the level of the medial branch block. However, given the lack of documentation, the request for Left side cervical medial branch block injection is not medically necessary.