

Case Number:	CM14-0111225		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2012
Decision Date:	10/29/2014	UR Denial Date:	07/09/2014
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 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 patient is a 41 year old female who was injured on 06/30/2014. The mechanism of injury is unknown. Prior treatment history has included home exercise program, Gabapentin, MS-Contin, Tylenol #3, Vitamin D and cyclobenzaprine. Diagnostic studies reviewed include MRI of the cervical spine dated 09/28/2013 demonstrated central focal disc protrusion at C4-5, C5-C6, C7-T1 that abuts the thecal sac; hemangioma at T2. Progress report dated 06/30/2014 states the patient presented with neck pain radiating down to bilateral upper extremities. The pain is reportedly aggravated by activity and walking. She has low back pain that radiates down to bilateral lower extremities. The pain is aggravated by activity as well with associated muscle spasms in the low back. She has upper and lower extremity pain bilaterally in the shoulders, wrists, hips, knees and in the feet. The pain is rated as 10/10 with medications and 10/10 without medications. She has limited function with activities of daily living due to the pain and discomfort. On exam, there is spasm noted in the paraspinal musculature. Range of motion of the lumbar spine was moderately to severely limited and the pain increased with flexion and extension. She has decreased sensation in the bilateral lower extremities and straight leg raise in the seated position is positive on the right for radicular pain at 70 degrees. Diagnoses are cervical radiculitis, lumbar radiculitis, chronic pain syndrome, and chronic pain trauma. The patient was recommended for Epidural steroid injection and was awaiting approval for treatment. Prior utilization review dated 07/09/2014 states the request for Cervical Spine Facet Block at C-5-7 Bilateral X 1 is denied due to lack of evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Facet Block at C-5-7 Bilateral X 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet joint diagnostic blocks

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intrarticular and medial branch blocks if used anyway : There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records document radiculopathy. There is no imaging evidence of lumbar facet arthritis. There is no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The injured worker does not meet the above criteria. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.