

Case Number:	CM14-0118713		
Date Assigned:	08/06/2014	Date of Injury:	02/08/2013
Decision Date:	09/12/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain 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 53 year old male who was injured on 02/08/13 due to a fall from a ladder. The injured worker complains of headaches, migraines and neck pain. The injured worker reportedly experiences 4-5 episodes of headaches per day. The injured worker takes Lexapro, Imitrex, Topamax, Elavil and Ultram. Clinical note dated 05/20/14 notes the injured worker attempted a course of physical therapy which was of no benefit. An Epidural Steroid Injection was performed at right C3-4 on 07/10/13 and provided no relief. The injured worker has not received chiropractic treatment but has received approximately 15 sessions as of 05/20/14 which reportedly help significantly with neck pain and headaches. Physical examination on this date reveals full extension and flexion of the cervical spine with left lateral rotation to 20 degrees and right lateral rotation which is limited by pain. Localized palpable tenderness is noted over the right C2, C3 and C4 facet joints. Spurling's test is negative. Deep tendon reflexes, motor strength and sensation are noted to be intact in all four extremities. An MRI of the cervical spine dated 04/24/13 is referenced and reportedly reveals multilevel degenerative disc changes that are most prominent at C5-6. Right sided foraminal stenosis at levels C3-4 and C4-5 is noted with bilateral foraminal stenosis noted at C5-6. Botox is requested for migraines and dorsal medial branch blocks are requested at C2, C3 and C4 to cover the facet joints at C2-3 and C3-4. The Botox injection is approved by UR decision dated 06/30/14 while the cervical MBBs are denied. This is an appeal request for the facet injections. Progress report dated 07/15/14 notes the injured worker demonstrates positive facet loading maneuvers with cervical right lateral bending and extension. A radiofrequency procedure may be considered if the blocks are successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection-Dorsal Medial Branch Block of C2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation: Neck & Upper Back Procedure Summary Last Updated 1/30/12.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG), Neck and Upper Back Chapter, Sections on Facet joint diagnostic blocks and Facet joint pain, signs & symptoms.

Decision rationale: The request for a facet injection - dorsal medial branch block of C2 is recommended as medically necessary. This request was previously denied based of the fact that ACOEM did not support the use of invasive techniques, to include facet injections, to treat cervical complaints. While this is accurate, ACOEM has not been updated since 2004. Per MTUS, a "medical treatment guideline" is defined as "the most current version of written recommendations revised within the last five years which are systematically developed by a multidisciplinary process through a comprehensive literature search to assist in decision- making about the appropriate medical treatment for specific clinical circumstances. ACOEM's recommendation could be considered invalid in the presence of a more current guideline. MTUS further states, "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS." Official Disability Guidelines (ODG) are updated more frequently and do support the use of cervical facet injections prior to a facet neurotomy and when certain criteria are met. Per (ODG), criteria for the use of facet blocks of the cervical spine, "symptoms of unilateral pain that does not radiate past the shoulder and physical findings generally described as "(1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings." The physical examination findings submitted for review comply with these characteristics. The injured worker has positive findings of facet loading maneuvers with cervical right lateral bending and extension. Physical therapy did not provide relief and an epidural steroid injection (ESI) did not help. Localized palpable tenderness is noted over the right C2, C3 and C4 facet joints. Based on the clinical information provided and a review of the applicable guidelines, medical necessity of a dorsal medial branch block of C2 is established.

Facet Injection-Dorsal Medial Branch Block of C3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation: Neck & Upper Back Procedure Summary Last Updated 1/30/12.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG), Neck and Upper Back Chapter, Sections on Facet joint diagnostic blocks and Facet joint pain, signs & symptoms.

Decision rationale: The request for a facet injection - dorsal medial branch block of C3 is recommended as medically necessary. This request was previously denied based on the fact that ACOEM did not support the use of invasive techniques, to include facet injections, to treat cervical complaints. While this is accurate, ACOEM has not been updated since 2004. Per MTUS, a "medical treatment guideline" is defined as "the most current version of written recommendations revised within the last five years which are systematically developed by a multidisciplinary process through a comprehensive literature search to assist in decision-making about the appropriate medical treatment for specific clinical circumstances. ACOEM's recommendation could be considered invalid in the presence of a more current guideline. MTUS further states, "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS." Official Disability Guidelines (ODG) are updated more frequently and do support the use of cervical facet injections prior to a facet neurotomy and when certain criteria are met. Per (ODG), criteria for the use of facet blocks of the cervical spine, "symptoms of unilateral pain that does not radiate past the shoulder and physical findings generally described as "(1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings." The physical examination findings submitted for review comply with these characteristics. The injured worker has positive findings of facet loading maneuvers with cervical right lateral bending and extension. Physical therapy did not provide relief and an epidural steroid injection (ESI) did not help. Localized palpable tenderness is noted over the right C2, C3 and C4 facet joints. Based on the clinical information provided and a review of the applicable guidelines, medical necessity of a dorsal medial branch block of C3 is established.

Facet Injection-Dorsal Medial Branch Block of C4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation: Neck & Upper Back Procedure Summary Last Updated 1/30/12.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints. (ODG), Neck and Upper Back Chapter, Facet joint diagnostic blocks and Facet joint pain, signs & symptoms. The Expert

Reviewer's decision rationale: The request for a facet injection - dorsal medial branch block of C4 is recommended as medically necessary. This request was previously denied based of the fact that ACOEM did not support the use of invasive techniques, to include facet injections, to treat cervical complaints. While this is accurate, ACOEM has not been updated since 2004. Per MTUS, a "medical treatment guideline" is defined as "the most current version of written recommendations revised within the last five years which are systematically developed by a multidisciplinary process through a comprehensive literature search to assist in decision-making about the appropriate medical treatment for specific clinical circumstances. ACOEM's recommendation could be considered invalid in the presence of a more current guideline. MTUS further states, "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS." Official Disability Guidelines (ODG) are updated more frequently and do support the use of cervical facet injections prior to a facet neurotomy and when certain criteria are met. Per (ODG), criteria for the use of facet blocks of the cervical spine, "symptoms of unilateral pain that does not radiate past the shoulder and physical findings generally described as "(1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings." Physical therapy did not provide relief and an epidural steroid injection (ESI) did not help. Localized palpable tenderness is noted over the right C2, C3 and C4 facet joints. Based on the clinical information provided and a review of the applicable guidelines, medical necessity of a dorsal medial branch block of C4 is established.