

Case Number:	CM14-0118779		
Date Assigned:	08/06/2014	Date of Injury:	10/29/2001
Decision Date:	09/18/2014	UR Denial Date:	07/02/2014
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 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:

This patient sustained an injury on 10/29/2001 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Cervical RT medial Branch Block C3-C4, C5, C6. Diagnoses include cervical disc displacement without myelopathy/ cervical radiculopathy. The patient is now almost 13 years from onset of injury in October 2001 and continues to treat for chronic symptoms. The patient has been deemed P&S with future medical for the neck and bilateral upper extremities. Conservative care has included medications, physical therapy, acupuncture (2/7/13), Translaminar epidural steroid injections (4/23/13, non-certified), cervical facet injection in July 2009, and modified activities/rest. Recent requests for medial branch blocks were non-certified in January and March 2014. Current treatment plan is again requested 5/19/14. MRI of cervical spine dated 5/19/14 showed multilevel disc protrusion at C3-4, C4-5, and C5-6 with mild central and foraminal narrowing; facet arthropathy at C3-6. Current report from the provider had no comparison or discussion of efficacy from previous injections. Exam showed limited cervical flexion of 40 degrees with pain to trapezius/ rotation on right/left of 30/50 degrees; 4+/5 motor weakness in bilateral extensor digitorum with numbness in digit/ full strength in deltoid, supraspinatus, triceps, abductor pollicis; DTRs were symmetrical with negative Hoffman; tenderness along C3-6 facets. The request(s) for Cervical RT medial Branch Block C3-C4, C5, and C6 was non-certified on 7/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical RT medial Branch Block C3-C4, C5, C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602.

Decision rationale: This patient sustained an injury on 10/29/2001 while employed by The [REDACTED], [REDACTED]. Request(s) under consideration include Cervical RT medial Branch Block C3-C4, C5, C6. Diagnoses include cervical disc displacement without myelopathy/ cervical radiculopathy. The patient is now almost 13 years from onset of injury in October 2001 and continues to treat for chronic symptoms. The patient has been deemed P&S with future medical for the neck and bilateral upper extremities. Conservative care has included medications, physical therapy, acupuncture (2/7/13), Translaminar epidural steroid injections (4/23/13, non-certified), cervical facet injection in July 2009, and modified activities/rest. Recent requests for medial branch blocks were non-certified in January and March 2014. Current treatment plan is again requested 5/19/14. MRI of cervical spine dated 5/19/14 showed multilevel disc protrusion at C3-4, C4-5, and C5-6 with mild central and foraminal narrowing; facet arthropathy at C3-6. Current report from the provider had no comparison or discussion of efficacy from previous injections. Exam showed limited cervical flexion of 40 degrees with pain to trapezius/ rotation on right/left of 30/50 degrees; 4+/5 motor weakness in bilateral extensor digitorum with numbness in digit/ full strength in deltoid, supraspinatus, triceps, abductor pollicis; DTRs were symmetrical with negative Hoffman; tenderness along C3-6 facets. The request(s) for Cervical RT medial Branch Block C3-C4, C5, and C6 was non-certified on 7/2/14. MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. Per report review, diagnoses include cervical radiculopathy and objective findings indicate radicular symptoms along with decreased sensory and weakness in upper extremity that would be more indicative of radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). There is no documented efficacy or functional benefit derived from previous injections. The request for Cervical RT medial Branch Block C3-C4, C5, C6 is not medically necessary and appropriate.