

Case Number:	CM14-0118853		
Date Assigned:	08/06/2014	Date of Injury:	07/25/2008
Decision Date:	09/10/2014	UR Denial Date:	07/23/2014
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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 59-year-old female who reported an injury on 07/25/2006, due to unknown mechanism. The injured worker's diagnoses were cervical fusion in the C5-7, spondylosis C3-5, lumbosacral spondylosis, and right sciatica. The injured worker's prior treatments are chiropractic therapy and physical therapy, as well as medications. The injured worker's past diagnostics include the MRI of the cervical spine that showed lateral protrusion at C6-7 and poster lateral disc osteophyte with an x-ray that reveals a solid from at C5-7 with spondylosis at C3-4 and C4-5. There is no documented past surgical history. The injured worker complained of pain throughout the head, neck, and lumbar spine with radiation of symptoms into her upper and lower extremities. She states that the pain is constant. The injured worker complained of neck pain and numbness in her right upper extremity. On physical examination dated 08/19/2013, the examination revealed decreased range of motion of the cervical spine allowing for 45 degrees of flexion and extension and 60 degrees of rotation to both sides. Neurological exam of the upper extremities was intact. The injured worker's medications were Fentanyl, Norco, Nexium, ondansetron, tizanidine, and Voltaren. The treatment plan was for the request for a medial branch block bilateral cervical and lumbar spine. The rationale for the request was not submitted with the documentation for review. The request for authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block bilateral C3, C4 & C5, bilateral L3, L4, L5: Upheld

Claims Administrator 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, Facet joint therapeutic steroid injections, Medial branch blocks; ACOEM chapter 12, Therapeutic facet joint injections; ODG, Low back chapter, Facet joint medial branch blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Neck, Facet Joint diagnostic blocks, Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: According to the California MTUS ACOEM guidelines, invasive techniques such as, local injections and facet joint injections of cortisone and lidocaine are of questionable merit. There is limited evidence that radio-frequency Neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. MTUS ACOEM guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks of the lumbar spine. According to the Official Disability Guidelines, the criteria for use of diagnostic blocks for facet-mediated pain are documentation of failure of conservative care including home exercise, physical therapy, and NSAIDs prior to the procedure. There should be evidence upon physical examination of facet mediated pain. The injured worker complains of pain throughout the head, neck, and lumbar spine with radiation of symptoms into her upper extremities and lower extremities. The injured worker had prior treatments of physical therapy and home therapy, but there is lack of documentation of functional improvements. There is no documentation as to what body location the physical therapy occurred to support an adequate trial for the cervical spine and lumbar spine. According to guidelines, no more than 2 joint levels are to be injected in 1 session. Also, there was a lack of objective findings of facet mediated pain on examination. As such, the request for medial branch block bilateral C3, C4, and C5 and bilateral L3, L4, and L5 is not medically necessary.