MAXIMUS Federal Services

Case Number:	CM14-0121922		
Date Assigned:	09/16/2014	Date of Injury:	01/12/2013
Decision Date:	11/28/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 29-year-old female who reported an injury on 01/12/2013, due to a motor vehicle accident. Diagnoses were cervicalgia and cervical brachial syndrome. Previous treatments included medications, modified activity, and physical therapy. The injured worker had an ultrasound of bilateral upper extremities dated 06/03/2014 that revealed normal bilateral upper extremity venous spectral Doppler ultrasound exam without evidence of deep venous thrombosis or occlusion. The injured worker also had an MRI that revealed multiple level disc bulges, but no disc herniations or lateralizing stenosis. The injured worker had an EMG/NCS of the right upper extremity that revealed cervical spine was normal. Physical examination dated 06/25/2014 revealed constant right mid cervical pain that radiated, and achiness over the upper back along the medial border of the scapula. The injured worker reported a sense of spasm, and the injured worker also reported when the pain was more severe, a paresthesia of the dorsal radial wrist and thumb. Examination of the cervical spine revealed tenderness to palpation of the right mid to lower cervical facets. There was painful and guarded right cervical rotation and painful end range of cervical flexion and extension. Negative Spurling's and negative Lhermitte's. There was tenderness to palpation over the right upper trapezius/levator scapula, but no obvious spasm or dystonia. Upper extremity strength was 5/5, and deep tendon reflexes were 2/4 in the upper extremities. Sensation to light touch was normal in the bilateral upper extremities. It was reported that the injured worker had exhausted all other conservative efforts of care. Treatment plan was for a facet block. Medications were tramadol. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Trail Facet Block for the Right C4-5 and C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Block

Decision rationale: The decision for outpatient: trail facet block for the right C4-5 and C5-6 is not medically necessary. The California Medical Treatment Utilization Schedule/ACOEM guidelines state invasive techniques such as facet injections 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 injured workers presenting in the transitional phase between acute and chronic. The Official Disability Guidelines further state that the criteria for use for diagnostic block for the facet nerve pain include onset of diagnostic medial branch block with response of greater than or equal to 70% of pain reduction for approximately 2 hours, and this is limited to injured workers with cervical pain that is nonradicular and at no more than 2 levels bilaterally; documentation of failure of conservative treatment including medication, home exercise, PT, and NSAIDs, and a diagnostic block should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. It was not reported how many sessions of physical therapy the injured worker has had. It was not reported if the injured worker had any type of acupuncture, chiropractic sessions. It was not reported that the injured worker was participating in a home exercise program. It was not reported that the injured worker was using hot/cold packs on the cervical spine or this scapular area. Also, it was not reported what medications the injured worker had failed on. There were no pain VAS scores reported for the injured worker. In the absence of documentation regarding the requested trail facet block for the right C4-5 and C5-6, this request is not medically necessary.