

Case Number:	CM14-0157630		
Date Assigned:	09/30/2014	Date of Injury:	07/03/2002
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Interventional Spine 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 63 year old female with an injury date of 07/03/02. Based on the 09/03/14 progress report provided by [REDACTED] the patient complains of neck pain rated 10/10. There is headache, tingling and left upper extremity weakness. Examination to the cervical spine reveals surgical scar. Range of motion is restricted, especially on extension 10 degrees. There is tenderness noted bilaterally. Reflexes are normal. Patient was treated with a facet joint injection C3-C4 bilateral on 05/13/14. Patient did very well until 1 month from progress report dated 07/02/14, about 3 weeks. There is no radiculopathy. Patient was instructed to continue all activities of daily living as normally as possible, and continue home exercise program. Her medications include Advair, Amitriptyline HCl, Levetiracetam, Levothyroxine, Omeprazole, Prempro, Proair Hfa, Simvastatin, Tramadol, Trazodone and Valsartan. Diagnosis 07/02/14- cervical degenerative disease- cervical spondylosis- cervicgiaThe utilization review determination being challenged is dated 09/12/14. The rationale is "only 3 weeks of pain relief reported." [REDACTED] is the requesting provider, and he provided treatment reports from 02/06/13 - 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block left C3-4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The patient presents with cervicalgia, cervical degenerative disease, and cervical spondylosis. The request is for Cervical medial branch block left C3-4. Patient was treated with a facet joint injection C3-C4 bilateral on 05/13/14. Patient did very well until 1 month from progress report dated 07/02/14, which is 3 weeks. There is no radiculopathy. Patient was instructed to continue all activities of daily living as normally as possible, and continue home exercise program. ODG guidelines have the following regarding Facet joint signs and symptoms: " C-spine facet: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)." Based on 09/03/14 progress report, the patient does not have radicular symptoms and the request is for one facet joint level. It has been documented that conservative treatments have failed. Patient was treated with a facet joint injection C3-C4 bilateral on 05/13/14, and did very well for 3 weeks. The request meets guideline criteria. This request is medically necessary.

Cervical medial branch block right C3-4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The patient presents with cervicalgia, cervical degenerative disease, and cervical spondylosis. The request is for Cervical medial branch block right C3-4. Patient was treated with a facet joint injection C3-C4 bilateral on 05/13/14. Patient did very well until 1 month from progress report dated 07/02/14, which is 3 weeks. There is no radiculopathy. Patient was instructed to continue all activities of daily living as normally as possible, and continue home exercise program. ODG guidelines have the following regarding Facet joint signs and symptoms: " C-spine facet: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should

be approximately 2 hours for Lidocaine.2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)."Based on 09/03/14 progress report, the patient does not have radicular symptoms and the request is for one facet joint level. It has been documented that conservative treatments have failed. Patient was treated with a facet joint injection C3-C4 bilateral on 05/13/14, and did very well for 3 weeks. The request meets guideline criteria. This request is medically necessary.