

Case Number:	CM14-0163125		
Date Assigned:	10/08/2014	Date of Injury:	03/26/2004
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine 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 woman who was injured at work on 3/26/2004. The injury was primarily to her left elbow/arm, head, and the lower back. She is requesting review of denial for a bilateral cervical facet block at C3-C7. Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports (PR-2s). Her chronic diagnoses include the following: Chronic Cervical Neck Pain; Bilateral Shoulder Pain; and Chronic Low Back Pain. She had an MRI of her cervical spine on 7/3/2014 which was remarkable for C3-C7 disc protrusions from 2.2mm to 2.5mm. She has been treated with Norco and Anaprox for the pain. At her visit on 8/13/2014, her provider requested the bilateral cervical facet blocks (C3-C7) X 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet block at C3-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Section: Facet Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Block.

Decision rationale: The MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines do not comment on the use of a facet block for the treatment of neck pain. The Official Disability Guidelines do comment on the use of this procedure. Notable findings from these guidelines indicate that there are specific criteria. The Official Disability Guidelines comment on the criteria for the use of facet neuropathy. These guidelines state the following: 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). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. Of these criteria, there are several concerns that emerge. First, the patient is described as having a C5-7 radiculopathy. It is unclear whether the patient has had an adequate trial of medications to address these radicular symptoms. Further, the request exceeds the limitations of "no more than two levels bilaterally." Based on these specific concerns from the ODG, the request for a Bilateral Cervical Facet Block at C3-C7 is not considered as medically necessary.