

Case Number:	CM14-0168722		
Date Assigned:	10/16/2014	Date of Injury:	09/28/2009
Decision Date:	12/04/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 New Jersey. 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 worker is a 48 year old female who was injured on 9/28/2009. She was diagnosed with cervical spondylosis, cervicgia, chronic pain syndrome, displacement of cervical intervertebral disc, muscle spasm, and backache. She was treated with diagnostic medial branch blocks (reported to help her pain for the following 8 hours afterwards), opioids, muscle relaxants, anti-epileptics, and topical analgesics. On 6/19/14, the worker was seen by her treating physician reporting neck pain (right greater than left), rated at 4/10 on the pain scale. She reported taking Flexeril, Norco, and tramadol to help reduce her pain and to help her sleep. The physical examination revealed normal neurological examination, non-tender cervical region, and negative Spurling's sign bilaterally. She was recommended to continue her medications and have another medial branch block in the right C4, C5, C6, and C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right C4, 5, 6, 7 Medial Branch blocks (MMB): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck & Upper Back Chapter, Facet joint diagnostic blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, facet joint diagnostic blocks

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings is required. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including: 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. The worker in this case already had diagnostic blocks which were helpful for a few hours after the procedure as reported in the notes available for review. It is unclear as to why the provider intends to perform another diagnostic block. Another block is expected to only provide short term relief and would not be helpful for this worker's chronic neck pain in any number of injections or levels. Therefore, the cervical medial branch blocks are not medically necessary or appropriate.