

Case Number:	CM14-0170692		
Date Assigned:	10/23/2014	Date of Injury:	01/24/2003
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This is a 45 years old male patient who sustained an injury on 1/24/2003. He sustained the injury due to involvement in motor vehicle accident. The current diagnoses include cervical radiculopathy, a failed neck surgery syndrome, lumbar radiculopathy and cervical facet arthropathy. Per the doctor's note dated 9/25/14, he had 50% decrease of cervical/radicular pain after a cervical ESI and continued to wean down the current medication regimen. He had complaints of cervical pain and bilateral upper extremity numbness, cervicogenic headache and sleep disturbances. The physical examination revealed right paracervical tenderness at the C2-C3 level and a healed posterior incision in the cervical region as well as pain in the right occipital parietal area, bilateral thoracic tenderness at the T9-T10 level, tenderness at the L5-S1 level and sciatic notch tenderness present in the right, antalgic gait along with weakness, hyperlordotic posture spasm in the right lumbar, decreased right lower extremity strength, decreased right upper extremity strength with the shoulder, supraspinatus and infraspinatus and deltoid 4+/5, triceps 4+/5, right wrist extensors 4+/5, right hand grip 3+/5, decreased upper extremity strength on the left with the triceps and wrist extensors, 4+/5 and hand grip 3+/5, along with decreased sensation to pin in the right L4, L5, and S1 regions, decreased light touch sensation in the right lower extremity, and 3+ reflex in the right biceps, equal and decreased Deep tendon reflexes in the lower extremities, non-sustained clonus on the right. The current medications list includes oxycodone, methadone, OxyContin, promethazine and cyclobenzaprine. He has undergone right wrist surgery on 2/13/2002, cervical fusion at C1-C2 on 1/7/2004, elbow and right wrist debridement on 4/21/2004; cervical spine surgery in 6/2013. He has had urine toxicology screening test on 7/14/14 which was positive for the benzodiazepine, opiates and oxycodone; test on 4/25/14 which was positive for the opiates and oxycodone; test on 1/14/14 which was positive for the Oxymorphone and oxycodone; test on 10/24/13 which was positive for the Oxymorphone

and oxycodone. He has had cervical spine X-rays on 6/22/13, 8/8/13 and 11/14/13 which revealed no change in C3-4 disc arthroplasty hardware or spine alignment. He has had physical therapy visits and a cervical epidural steroid injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical median branch block: 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 AND UPPER BACK CHAPTER

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Neck & Upper Back (updated 08/04/14), Facet joint therapeutic steroid injections

Decision rationale: Per the ACOEM guidelines cited above, "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, Lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." Per the cited guidelines, Facet joint therapeutic steroid injections are "Not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. Medial branch blocks: This procedure is generally considered a diagnostic block. "In addition, per the cited guidelines above "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms.1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy." There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. One of the criteria for medial branch blocks or facet joint injections includes that the pain should be non-radicular in nature. Patient has had cervical pain with bilateral upper extremities numbness with diagnosis of cervical radiculopathy. Patient has a history of cervical fusion. So according to the records, the neck pain is radicular in nature. Therefore there is no high-grade scientific evidence to support the medial branch block for this patient as cited above. The medical necessity of Left cervical median branch block is not medically necessary.

Anesthesia/x-ray: 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 AND UPPER BACK CHAPTER

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This is a request regarding Anesthesia/x-ray along with cervical median branch block. Per the ACOEM guidelines cited above "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure." Patient has already had cervical X-rays on 6/22/13, 8/8/13 and 11/14/13 which revealed no change in C3-4 disc arthroplasty hardware or spine alignment. Evidence of significant changes in signs or symptoms since these X-rays that would require repeat cervical X-rays are not specified in the records provided. In addition, as the medical necessity of cervical median branch block itself is not fully established, the medical necessity of Anesthesia/x-ray is also not established.

Fluoroscopic guidance levels C2, C3 (64490 x1; 64491 x1; 00300 x1; 72040 x1; 77003 x1):
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 AND UPPER BACK CHAPTER

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Neck & Upper Back (updated 08/04/14), Facet joint therapeutic steroid injections

Decision rationale: This is a request for cervical medial branch block/facet joint block at C2 and C3 level under fluoroscopic guidance. Per the ACOEM guidelines cited above, "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints,² or corticosteroids, Lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. "Per the cited guidelines, Facet joint therapeutic steroid injections are "Not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. Medial branch blocks: This procedure is generally considered a diagnostic block. "In addition, per the cited guidelines above "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms.¹ There should be no evidence of radicular pain, spinal stenosis, or previous fusion. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy." There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. One of the criteria for medial branch blocks or facet joint injections includes that the pain should be non-radicular in nature. Patient has had cervical pain with bilateral upper extremities numbness with diagnosis of cervical radiculopathy. Patient is having history of cervical fusion. So according to the records the pain is radicular in nature. Therefore there is no high-grade scientific evidence to support the medial branch block for this patient as cited above. The medical necessity of

Fluoroscopic guidance levels C2, C3 (64490 x1; 64491 x1; 00300 x1; 72040 x1; 77003 x1) is not medically necessary.