MAXIMUS Federal Services

Case Number:	CM14-0186267		
Date Assigned:	11/14/2014	Date of Injury:	02/25/2012
Decision Date:	12/31/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/08/2014

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 Internal 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 an injured worker with the diagnoses of cervical stenosis and cervicalgia. The mechanism of injury was repetitive lifting and climbing a ladder while carrying a box. Past procedures included cervical fusion of the C5-6 and C6-7 levels on 6/5/12. Past treatments have included medications, physical therapy, activity modification, home exercise program, and chiropractic therapy. Magnetic resonance imaging of the cervical spine performed on 9/15/14 revealed multilevel neural foraminal narrowing. The progress report dated 9/29/14 documented neck pain and upper extremity pain. She reported a burning sensation extending down the arm. Medication included include Norco. The patient had pain radiating down her left arm. Physical examination demonstrated tenderness to palpation at the T7-8 1evel. She had pain toward the left side of trapezius muscle and decreased cervical range of motion with right lateral flexion. Cervical flexion and extension were within normal limits. The treatment plan included a request for diagnostic cervical medial branch blocks at the C4-5 level. Cervical traction unit was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 Diagnostic Medial Branch Block.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181-183. Decision based on Non-MTUS Citation Non-MTUS Work Loss Data Institute Bibliographic Source: Work Loss Data Institute Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Guideline.Gov and on the Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks, and Facet joint therapeutic steroid injections

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical facet injection. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that invasive techniques, such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that facet joint therapeutic steroid injections are not recommended. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Official Disability Guidelines (ODG) state that therapeutic intra-articular and medial branch blocks are not recommended. ODG guidelines state that that therapeutic intra-articular and medial branch blocks are not recommended in patients with previous fusion. Medial branch blocks procedure is generally considered a diagnostic block. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Facet joint diagnostic block is limited to patients with cervical pain that is non-radicular.Medical records document a history of C5-6 and C6-7 cervical spine fusion surgery. The progress report dated 9/29/14 documented neck pain and upper extremity pain. She reported a burning sensation extending down the arm. The patient had pain radiating down her left arm. Medical records indicate that the patient has cervical pain that is radicular. American College of Occupational and Environmental Medicine (ACOEM) Table 8-8 states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that facet joint therapeutic steroid injections are not recommended. Official Disability Guidelines (ODG) state that therapeutic intra-articular and medial branch blocks are not recommended. ODG guidelines state that that therapeutic intra-articular and medial branch blocks are not recommended in patients with previous fusion. Per ODG criteria for the use of diagnostic blocks for facet nerve pain, facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. MTUS, ACOEM, ODG, Work Loss Data Institute guidelines do not support the request for cervical C4-5 diagnostic medial branch block. Therefore, the request for C4-5 Diagnostic Medial Branch Block is not medically necessary.