MAXIMUS Federal Services

Case Number:	CM14-0023812		
Date Assigned:	06/11/2014	Date of Injury:	02/04/2012
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 injured worker is a 42 year old female who reported injury to the neck on 02/04/2012. She complained of bilateral neck pain with cervicogenic headache that is worse with bending, twisting, lifting and cervical range of motion. She admits to having frequent spasms in the neck and numbness and tingling in bilateral arms that effects her sleep. She rates the severity of the pain as 7, but as 5 at its best and 10 at its worst on a 0-10 scale. She describes the pain as sharp and burning with pins and needles sensation She reported that on 12/26/2013 she had a diagnostic study involving needle guided procedure to the neck and since then she has been having increased headaches. Physical examination on 02/19/2014 showed abnormal tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2-C3, C3-C4, C4-C5 facet joints. Cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion and sensation is intact to light touch, pinprick, proprioception, and vibration to all limbs. The rest of the examination was unchanged from last visit. Her neck extension is to 15 degrees and flexion is to 15 degrees. Left upper extremity abducts to 60 degrees. A MRI (magnetic resonance imaging) of the left shoulder dated December 13, 2013 shows partial thickness tear of the anterior humeral surface fibers of the distal supraspinatus tendon and subscapularis tendinosis. No other significant findings are noted. A neck MRI obtained in 2012 showed disc protrusion at C3-C4, C4-C5, C5-C6, and C6-C7. There is some canal stenosis and lateral recess stenosis noted and nerve studies done prior showed apparently radiculopathy on the right at C6-C7. On 06/20/2012 there was electrodiagnostic evidence suggestive of an active cervical radiculopathy involving the right C6-C7 nerve roots. The injured worker has diagnoses of depression, discogenic cervical condition with radicular component down the left upper extremity, midback sprain, discogenic lumbar condition, and shoulder sprain on the left side. Her past treatments were a positive fluoroscopically guided

diagnostic left C2-C3, C3-C4, and C4-C5 medial branch block. There is mention of physical therapy, the use of a TENS (transcutaneous electrical nerve stimulation) unit, warm and cold wrap, neck pillow, neck brace, and 8 chiropractic sessions, however there is no documentation to demonstrate the effectiveness. Due to her history of drug overdose, oral medications are used sparingly, but she took trazadone, effexor 75 mg 1 tab daily, and tramadol twice a day. She was previously on norco twice a day. The treatment plan is for right C2-3, C3-4, C4-5 diagnostic facet medial branch block (MBB) with fluoroscopy. The request for authorization form was signed and dated 02/25/2014. There is no rationale for the request is for right C2-3, C3-4, C4-5 diagnostic facet medial branch block (MBB) with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C2-3, C3-4, C4-5 DIAGNOSTIC FACET MEDIAL BRANCH BLOCK (MBB) WITH FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, facet joint diagnostic blocks..

Decision rationale: The request for a right C2-3, C3-4, C4-5 diagnostic facet medial branch block (MBB) with fluoroscopy is not medically necessary. The injured worker complained of bilateral neck pain with cervicogenic headache that is worse with bending, twisting, lifting and cervical range of motion. She admits to having frequent spasms in the neck and numbness and tingling in bilateral arms that affects her sleep. She rates the severity of the pain as 7, but as 5 at its best and 10 at its worst on a 0-10 scale. She was treated with oral medications, physical therapy, the use of a TENS (transcutaneous electrical nerve stimulation) unit, warm and cold wrap, neck pillow, neck brace, and 8 chiropractic sessions. CA MTUS/ACOEM guidelines state that diagnostic facet blocks have no proven benefits treating acute neck and upper back symptoms. ODG (Official Disability Guidelines) suggests that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels, that current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB), the person 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, there are no more than 2 joint levels are injected in one session, and that there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There is not enough clinical documentation to support the above. There is mention of physical therapy, the use of a TENS (transcutaneous electrical nerve stimulation) unit, warm and cold wrap, neck pillow, neck brace, and 8 chiropractic sessions, however there is no documentation to demonstrate the effectiveness. In addition, the request is for 3 levels. Therefore The request for a right C2-3, C3-4, C4-5 diagnostic facet medial branch block (MBB) with fluoroscopy is not medically necessary.