

Case Number:	CM14-0025232		
Date Assigned:	06/11/2014	Date of Injury:	12/18/2001
Decision Date:	07/18/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/27/2014

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 Illinois. 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 47-year-old female who reported an injury on 12/18/2001. The mechanism of injury was not provided for review. Within the clinical note dated 01/14/2014, the injured worker complained of shoulder and neck pain. She reported right neck and shoulder pain described as sharp, achy, and cramping over a wide area. The injured worker noted the pain is worsened by turning her head, looking up or down, or contact with the neck and shoulder girdle. The injured worker noted that the pain is accompanied by a paresthesias to the right fingers, and pain goes down to the mid upper arm. The injured worker reported being treated by a psychologist and a psychiatrist. Upon the physical examination, the provider noted cervical range of motion was limited in all axes. The cervical spine had diffuse tenderness, right greater than left. The provider noted limited range of motion in the right shoulder with abduction and flexion. The diagnoses included bipolar disorder, dysrhythmic disorder, cervical spondylosis, cervical disc herniation, cervical radiculopathy, and myofascial pain syndrome. The provider requested for cognitive behavioral therapy for her pain issues and a diagnostic medial branch block at the right C5-6 facet joint. However, a rationale was not provided for review. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MEDIAL BRANCH BLOCK AT RIGHT C5-6 FACET JOINT QTY: 3.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint diagnostic blocks (injections).

Decision rationale: The injured worker complained of shoulder and neck pain. She described her pain as sharp, achy, and cramping over a wide area. She reported that the pain was worsened by turning her head, looking up or down, or contact with the neck or shoulder girdle. The injured worker reported the pain is accompanied by paresthesias to the right fingers, and pain goes down to the mid upper arm. The MTUS/ACOEM Guidelines do not recommend the use of diagnostic blocks, due to the limited research based evidence. However, the Official Disability Guidelines note that facet joint diagnostic steroid injections are recommended, with no more than one (1) set of medial branch diagnostic blocks prior to a facet neurotomy. The criteria for the use of diagnostic blocks for facet mediated pain include, one (1) set of diagnostic medial branch block, with a response of greater than 70%. The pain response should last at least two (2) hours with lidocaine. The guidelines note that injections are limited to patients with low back pain that is non-radicular and at no more than two (2) levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least four to six (4-6) weeks. The guidelines also note no more than two (2) facet joint levels are to be injected in one (1) session. Diagnostic facet blocks should not be performed in patients whom a surgical procedure is anticipated. The clinical documentation submitted indicated that the injured worker showed signs and symptoms of radicular pain, with pain which radiated to the mid upper arm. There is lack of documentation indicating that the injured worker failed on conservative therapy for four to six (4-6) weeks. There was also a lack of objective findings of facet mediated pain to support the request. The request as submitted indicated that three (3) injections were being requested and guidelines do not recommend more than one (1) set of medial branch blocks. The request for cervical medial branch blocks at right C5-6 facet joint #3 is not medically necessary.