

Case Number:	CM14-0029989		
Date Assigned:	06/20/2014	Date of Injury:	01/01/2004
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 a 64 year old female with a date of injury of 1/1/2004. Medical records indicate ongoing treatment for cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, disc annular tears at C4-5, C5-C6, and C6-7, and facet capsular tears at C4-5, C5-C6, and C6-7. Subjective complaints include sharp back pain, low back pain, back stiffness and lumbar complaints. Back flexion and hip flexion will worsen the condition. Pain described as aching, burning, dull, sharp, stabbing, shooting, spasming, feels tight, shocking pain radiating down legs, lack of sleep from pain, shoots up to neck and shoulders and pain on left side. Objective findings include: cervical spinal exam, positive Spurling's maneuver, maximum compression testing, pain with Valsalva, pain with rotation and extension, point tenderness with paracervical facets, secondary myofascial pain and neurovascularly intact upper extremities. Treatment has consisted of Metoprolol, Norco, Naprosyn and Omeprazole. The utilization review determination was rendered on 2/7/2014 recommending non-certification of: Trial diagnostic medical branch block C3-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial diagnostic medical branch block C3-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, facet joint diagnostic blocks.

Decision rationale: The Official Disability Guidelines (ODG) recommends "Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient 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. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment" In this case, the treating physician's is requesting medial branch block C3-6 is for greater than two joint levels bilaterally and there is no documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs). Furthermore, the progress note dated 5/14/14 notes that "she claims to be doing better with PT, chiropractic, and massage therapy so those should be continued". As such the request for medial branch block C3-6 is not medically necessary and appropriate.