

Case Number:	CM14-0039924		
Date Assigned:	06/27/2014	Date of Injury:	08/04/2009
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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 a 45-year-old female who has submitted a claim for Left carpal tunnel syndrome, Left wrist and forearm tendinitis/epicondylitis, Right carpal tunnel syndrome, Left shoulder tendinitis status post subacromial decompression, C5 radiculopathy, and Status post cervical spine surgery, associated with an industrial injury date of August 4, 2009. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of neck pain radiating down her left arm with associated numbness in the left hand and numbness in all the fingers of both hands, which awakened her at night. On physical examination, reflexes were grossly intact and symmetric. No sensory deficits were noted on both hands. There was tenderness over the anterior aspect of the left shoulder, left forearm, and left medial and lateral condyles. There was decreased range of motion of the cervical spine. Electrodiagnostic studies dated March 6, 2013 revealed an acute and chronic left C5 radiculopathy, left ulnar neuropathy, moderate to severe left median entrapment neuropathy, and mild right median entrapment neuropathy. X-ray of the cervical spine dated January 27, 2014 revealed C4-5 disc prosthesis and anterior interbody fusion at C5-6. Treatment to date has included medications, chiropractic care, acupuncture, C4-5 ProDisc replacement with C5-6 anterior cervical discectomy for decompression and fusion with iliac bone graft with plate and cage, left shoulder arthroscopy, and cervical spine epidural steroid injections. Utilization review from March 13, 2014 denied the request for cervical facet nerve block/ (SITE: C4-C5, C5-C7 SIDE: LEFT) because there was no evidence of any current course of cervical traction, cervical isometric exercises, and/or home exercise program. There was also presence of radiculopathy, which is a contraindication to facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET NERVE BLOCK/ (SITE: C4-C5, C5-C7 SIDE: LEFT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS does not specifically address facet joint diagnostic blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for the use of diagnostic blocks for facet nerve pain include: (1) limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; (2) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (3) diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the records revealed electrodiagnostic evidence of cervical radiculopathy, which is a contraindication to facet blocks. Furthermore, the patient previously underwent C5-6 fusion surgery, which coincides with the planned injection level. The criteria were not met. Therefore, the request for CERVICAL Facet Nerve Block is not medically necessary.