

Case Number:	CM14-0040130		
Date Assigned:	06/27/2014	Date of Injury:	07/21/2008
Decision Date:	08/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/05/2014

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:

This 47 year-old patient sustained an injury on 7/21/08 while employed by [REDACTED]. Request(s) under consideration include Right cervical facet injection C2-3, C3-4, C4-5 and C2 medial branch nerve block. Diagnoses include Cervical degenerative disc/joint disease; cervical facet arthropathy; and chronic daily headaches. The patient is s/p C6 discectomy and fusion on 2/14/12. There is an EMG/NCS report dated 10/28/10 with findings of chronic/active right C6/7 radiculopathy. Report of 2/11/14 from the provider noted the patient with neck and bilateral upper extremity pain; bilateral knee pain and chronic daily headaches. The patient continues with neck and arm pain associated with numbness in both forearms. Current medications list MS Contin 30 mg TID, Percocet, Flexeril, Lexapro, Voltaren gel, and Lyrica. Exam showed decreased cervical range in flex/ext; midline tenderness and over right greater occipital nerves; cervical facet joints; spine bilaterally; Decreased right upper extremity sensation to light touch along right forearm/arm. Treatment included the above multiple injections along with prescription for Medications of Fentanyl patch 75mcg/hr, Percocet, Flexeril, Wellbutrin XL, Voltaren gel, Lyrica, and Omeprazole. Request(s) for Right cervical facet injection C2-3, C3-4, C4-5 and C2 medial branch nerve block were non-certified on 3/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical facet injection C2-3, C3-4, C4-5: 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 Chapter, Facet Joint Diagnostic Blocks.

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

Decision rationale: This 47 year-old patient sustained an injury on 7/21/08 while employed by [REDACTED]. Request(s) under consideration include Right cervical facet injection C2-3, C3-4, C4-5 and C2 medial branch nerve block. Diagnoses include Cervical degenerative disc/joint disease; cervical facet arthropathy; and chronic daily headaches. The patient is s/p C6 discectomy and fusion on 2/14/12. There is an EMG/NCS report dated 10/28/10 with findings of chronic/active right C6/7 radiculopathy. Report of 1/15/14 from the provider noted patient with neck pain that radiates into both extremities to the last three fingers of each hand. MRI of 9/19/12 showed multi-level disc protrusions. Exam has noted limited cervical range with motor weakness and sensory deficit on right upper extremity. Report of 2/11/14 from the provider noted the patient with neck and bilateral upper extremity pain; bilateral knee pain and chronic daily headaches. The patient continues with neck and arm pain associated with numbness in both forearms. Current medications list MS Contin 30 mg TID, Percocet, Flexeril, Lexapro, Voltaren gel, and Lyrica. Exam showed decreased cervical range in flex/ext; midline tenderness and over right greater occipital nerves; cervical facet joints; spine bilaterally; Decreased right upper extremity sensation to light touch along right forearm/arm. Treatment included the above multiple injections along with prescription for Medications of Fentanyl patch 75mcg/hr, Percocet, Flexeril, Wellbutrin XL, Voltaren gel, Lyrica, and Omeprazole. Request(s) for Right cervical facet injection C2-3, C3-4, C4-5 and C2 medial branch nerve block were non-certified on 3/6/14. Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. EMG showed acute/chronic cervical radiculopathy; MRI has findings of disc protrusions and the patient exhibits chronic symptoms of radiculopathy, clinical findings with positive neurological compromise with motor and sensory deficits. Submitted reports also have no indication for failed conservative trial. Criteria per Guidelines have not been met. The Right cervical facet injection C2-3, C3-4, C4-5 is not medically necessary and appropriate.

C2 medial branch nerve block: 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 Chapter, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 175,181. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Neck & Upper Back, Cervicogenic Headache, Facet Joint Injection/Neurotomy, page 576.

Decision rationale: This 47 year-old patient sustained an injury on 7/21/08 while employed by [REDACTED]. Request(s) under consideration include Right cervical facet injection C2-3, C3-4, C4-5 and C2 medial branch nerve block. Diagnoses include Cervical degenerative disc/joint disease; cervical facet arthropathy; and chronic daily headaches. The patient is s/p C6 discectomy and fusion on 2/14/12. There is an EMG/NCS report dated 10/28/10 with findings of chronic/active right C6/7 radiculopathy. Report of 2/11/14 from the provider noted the patient with neck and bilateral upper extremity pain; bilateral knee pain and chronic daily headaches. The patient continues with neck and arm pain associated with numbness in both forearms. Current medications list MS Contin 30 mg TID, Percocet, Flexeril, Lexapro, Voltaren gel, and Lyrica. Exam showed decreased cervical range in flex/ext; midline tenderness and over right greater occipital nerves; cervical facet joints; spine bilaterally; Decreased right upper extremity sensation to light touch along right forearm/arm. Treatment included the above multiple injections along with prescription for Medications of Fentanyl patch 75mcg/hr, Percocet, Flexeril, Wellbutrin XL, Voltaren gel, Lyrica, and Omeprazole. Request(s) for Right cervical facet injection C2-3, C3-4, C4-5 and C2 medial branch nerve block were non-certified on 3/6/14. Guidelines clearly do not support medial branch blocks for acute, subacute, or chronic cervical pain and chronic headaches or for any radicular pain syndrome. There is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular medial branch blocks have very little efficacy and needs additional studies. EMG showed acute/chronic cervical radiculopathy; MRI has findings of disc protrusions and the patient exhibits chronic symptoms of radiculopathy, clinical findings with positive neurological compromise with motor and sensory deficits. Submitted reports also have no indication for failed conservative trial. Criteria per Guidelines have not been met. The C2 medial branch nerve block is not medically necessary and appropriate.