

Case Number:	CM14-0042241		
Date Assigned:	06/30/2014	Date of Injury:	02/10/2010
Decision Date:	07/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/08/2014

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 Orthopaedic Surgery 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 73-year-old male sustained an industrial injury on 2/10/10. The mechanism of injury is not documented. The 1/16/14 cervical spine MRI impression documented disc osteophytes and degenerative facet enlargement that resulted in multilevel neuroforaminal stenosis. There was marked right C2/3 degenerative facet arthrosis and bilateral degenerative facet enlargement at C3/4, C4/5, C5/6, and C7/T1. The 3/6/14 treating physician report cited constant neck pain radiating down both arms to the hands and fingers, and bilateral shoulder pain. Subjective complaints included numbness and tingling over the fourth and fifth fingers of both hands. Shoulder mechanical symptoms were reported. A recent pain management consult indicated the patient was a candidate for cervical facet injections and medial branch blocks due to extensive facet arthropathy. Physical exam findings documented limited cervical range of motion with crepitus and tightness, symmetrical 5-/5 upper extremity motor strength, and decreased right C7/T1 sensation. Authorization was requested for bilateral cervical facet blocks at C4/5 and C5/6 with medial branch blocks. The 3/24/14 utilization review denied the request for cervical facet blocks with medial branch blocks as there was no documentation of facet mediated pain symptoms in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Facet Blocks at C4-5 and C6 with Medial Branch Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, Pain Procedure Summary.

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 California MTUS does not provide recommendations for facet joint injections in chronic neck conditions. The Official Disability Guidelines recommend facet joint diagnostic blocks prior to facet neurotomy if indications are met. Criteria for diagnostic blocks for facet nerve pain state that these blocks are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. Documentation of failure of conservative treatment (including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs) for at least 4 to 6 weeks prior to the procedure is required. Guideline indications for diagnostic facet joint blocks have not been met. Records documented the presence of radicular arm pain. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. Therefore, this request for bilateral cervical facet blocks at C4-5 and C6 with medial branch blocks is not medically necessary.