

Case Number:	CM14-0043042		
Date Assigned:	06/30/2014	Date of Injury:	11/14/1992
Decision Date:	08/19/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 11/14/92. A utilization review determination dated 3/29/14 recommends non-certification of left C3-4 selective nerve root block, then staged C3-4 facet block. It noted a cervical epidural steroid injection was performed on 6/13/12. An x-ray of the cervical spine dated 1/27/14 revealed that hardware was in good position from C4 through C7 and a scant fusion mass was observed at those levels and mild movement of the fused levels on flexion and extension views. A medical report dated 4/25/14 identifies limited ROM with lateral bending of about 30. There is left-sided paraspinal tenderness at C2-3, C3-4, and C4-5. The provider recommended selective nerve root block at C3-4 and facet block at C2-3 to better identify which is the pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left C3-4 selective nerve root block, then stages C3-4 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability

Guidelines, Neck Chapter, Facet joint diagnostic blocks, Facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: California MTUS notes that, regarding selective nerve root block/epidural steroid injection, it is supported for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), which must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, with repeat injection supported when there is documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. With regard to facet blocks, CA MTUS and ACOEM note that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Official Disability Guidelines recommends the use of medial branch blocks rather than facet joint injections to diagnose facet syndrome when the patient's signs and symptoms support the diagnosis, with characteristics generally described as axial neck pain (either with no radiation or rarely past the shoulders); tenderness to palpation in the paravertebral areas (over the facet region); decreased range of motion (particularly with extension and rotation); and absence of radicular and/or neurologic findings. Within the documentation available for review, it appears that the provider intends to perform the facet block at C2-3 rather than C3-4, as is noted on the current request. Regardless, these procedures are not indicated. Regarding the selective nerve root block, there is no documentation of radiculopathy supported by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, it appears that a prior injection was performed in 2012, but there is no documentation of the patient's response to that injection. With regard to the facet block, the guidelines support the use of medial branch blocks rather than facet joint injections to diagnose facet syndrome and the patient's signs and symptoms are not highly suggestive of facet involvement as described above. In light of the above issues, the currently requested left C3-4 selective nerve root block, then staged C3-4 facet block is not medically necessary.