

Case Number:	CM14-0044796		
Date Assigned:	07/02/2014	Date of Injury:	05/05/2006
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 injured worker is a 54 year old with an injury of May 5, 2006. There is chronic low back pain, neck pain and difficulty with ambulation due to the pain. On objective exam, there was lumbar spasm, painful range of motion, and straight leg raise positive bilaterally. There was 4/5 motor weakness and pain. Trigger points were also noted. The neck had spasm, pain, and decreased motion with facet tenderness, pain with flexion and extension, and pain with axial compression. The MRI from 6-17-13 noted disc desiccation and degenerative disease, but no facet disease was noted. ██████████ noted on February 26, 2014 that there was chronic low back pain and neck pain. The diagnoses were lumbar disc disease, lumbar radiculopathy, chronic low back pain, and cervical degenerative disc disease. This was the basis for the request for the cervical facet blocks at C4-7. The medications were Celebrex, Tylenol Number 3, Soma, and Dexilant for GI upset and reflux. The MRI showed disc desiccation at C2-3 down to C7-T1 with a mild associated loss of disc height. There again was no mention of facet arthropathy noted. At C4-5 there is mild diffuse disc herniation of 2 mm, C5-6, C6-7 and C7-T1 was normal. The lumbar MRI had similar findings. She had 24 physical therapy visits. There was still neck and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Block C4-7 Bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: The Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Per page 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, under Facet Injections.

Decision rationale: The MTUS notes in ACOEM that invasive techniques such as facet injections for the neck have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. In this case, I did not find that this patient was in the transitional phase between acute and chronic pain. Also, with no proven benefit, the role and necessity of the injections are not clear. Further, the ODG notes in the Neck section, under injections, that medial branch blocks are preferred over intra-articular facet blocks. The type of injection being requested here is not completely clear. The MTUS does note a role to move on to radio-frequency neurotomy in patients who had 'a positive response to facet injections, suggesting they could be used in limited cases, such as the transition from acute to chronic pain, however again, there is no evidence this claimant is in this acute to chronic transition phase. Finally, there was no evidence of facet pathology on imaging studies; calling into question what the injections would be treating. Therefore, the request is not medically necessary.