

Case Number:	CM14-0058962		
Date Assigned:	07/09/2014	Date of Injury:	11/30/2006
Decision Date:	09/10/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 female patient with the date of injury of November 30, 2006. A Utilization Review was performed on April 28, 2014 and recommended partial certification for facet injection at bilateral C7-T1 and non-certification for facet injection at bilateral C6-7, selective nerve root block at bilateral C7-T1, and selective nerve root block at bilateral C6-7. A Follow-up Report dated April 11, 2014 identifies request authorization for diagnostic blocks of C6-7 and C7-T1. A Follow-up Report dated February 6, 2014 identifies Subjective Complaints of continued neck pain radiating down both shoulders. Patient reports increased pain with any movement of her arms. Objective Findings identify hypertonicity and tenderness to palpation to the trapezii bilaterally with decreased range of motion at the cervical spine in all planes of movement. Diagnoses identify status post cervical fusion with radiculitis, history of cervical facet syndrome, and cervical myofascial pain. Treatment Plan recommends continuing with oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection at bilateral C6-C7 Qty: 2: 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 and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, Page 174; ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for Facet Injection at Bilateral C6-C7 Quantity: 2, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, there is mention of radiating pain and a diagnosis of radiculitis. Guidelines recommend facet joint injections for pain that is non-radicular. Additionally, it is unclear exactly what conservative treatment is been attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. Additionally, guidelines do not recommend more than one facet injection unless there is documentation of objective functional improvement from the first injection. In the absence of clarity regarding these issues, the currently requested Facet Injection at Bilateral C6-C7 quantity: 2 is not medically necessary.

Selective nerve root block at bilateral C7-T1 Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for Selective Nerve Root Block at Bilateral C7-T1 Quantity: 2, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, while there is note of radicular pain, there are no recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, there is no documentation of corroborating imaging studies and/or electrodiagnostic testing. Additionally, guidelines do not recommend more than one epidural injection unless there is documentation of objective functional improvement from the first injection. In the absence of clarity regarding these issues, the currently requested Selective Nerve Root Block at Bilateral C7-T1 quantity: 2 is not medically necessary.

Selective nerve root block at bilateral C6-7 Qty: 2:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for Selective Nerve Root Block at Bilateral C6-C7 quantity: 2, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, while there is note of radicular pain, there are no recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, there is no documentation of corroborating imaging studies and/or electrodiagnostic testing. Additionally, guidelines do not recommend more than one epidural injection unless there is documentation of objective functional improvement from the first injection. In the absence of clarity regarding these issues, the currently requested Selective Nerve Root Block at Bilateral C6-C7 quantity: 2 is not medically necessary.