MAXIMUS Federal Services

Case Number:	CM14-0060512		
Date Assigned:	07/09/2014	Date of Injury:	08/06/1993
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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, Pain Medicine and is licensed to practice in Ohio and Texas. 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 56-year-old male with a reported date of injury on 08/06/1993. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnosis included chronic intractable axial neck pain. Previous conservative care included chiropractic treatment, physical therapy, and epidural steroid injections. The cervical X-ray dated 12/12/2013 showed significant spondylosis at C5-6. The cervical MRI revealed severe C4 foraminal stenosis on the left side. The electrodiagnostic study dated 02/15/2014 revealed there was no electrodiagnostic evidence of cervical axonal motor radiculopathy, brachial plexopathy, or bilateral upper extremity localized median, ulnar, or radial sensory or motor neuropathy. The injured worker presented with neck pain that has been present for approximately 20 years, rated at 8/10. Upon physical examination, the cervical spine revealed no obvious deformities, normal cervical lordosis, and normal shoulder asymmetry. Upon palpation, there was mild tenderness along the paracervical regions on both sides of the mid to lower cervical spine. The range of motion of the cervical spine revealed flexion to 50 degrees, extension to 20 degrees, left lateral bending to 30 degrees, right lateral bending to 30 degrees, left rotation to 60 degrees, and right rotation to 60 degrees. In addition, the injured worker presented with negative Spurling's sign. The clinical note dated 03/27/2014 indicates the injured worker does not utilize medications. The physician indicated that if the injured worker responds well to the injections, he would recommend the surgery depending on the outcome. The Request for Authorization for bilateral facet joint injections and selective nerve root blocks was submitted on 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Official Disability Guidelines recommend facet joint and diagnostic blocks prior to facet neurotomy. The guidelines state the criteria for use of diagnostic blocks for facet nerve pain would include 1 set of diagnostic medial branch blocks required with a response of greater than 70%. The pain should be approximately 2 hours for lidocaine. There should be documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. No more than 2 joint levels are injected in 1 session. In addition, the guidelines state that diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. In addition, it is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. There is a lack of documentation related to the use of conservative treatment and the subsequent failure 4 to 6 weeks prior to the requested procedure. In addition, the request as submitted failed to provide the specific site at which the facet joints were to be utilized. Therefore, the request for bilateral facet joint injections is not medically necessary.

Selective nerve root block injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Therapeutic Steroid Injections.

Decision rationale: The Official Disability Guidelines recommend facet joint and diagnostic blocks prior to facet neurotomy. The guidelines state the criteria for use of diagnostic blocks for facet nerve pain would include 1 set of diagnostic medial branch blocks required with a response of greater than 70%. The pain should be approximately 2 hours for lidocaine. There should be documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. No more than 2 joint levels are injected in 1 session. In addition, the guidelines state that diagnostic facet blocks should not be performed in patients in whom a surgical procedure is

anticipated. In addition, it is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. There is a lack of documentation related to the use of conservative treatment and the subsequent failure 4 to 6 weeks prior to the requested procedure. In addition, the request as submitted failed to provide the specific site at which the selective nerve root block injections were to be utilized. Therefore, the request for selective nerve root block injections is not medically necessary.