

Case Number:	CM14-0064678		
Date Assigned:	09/23/2014	Date of Injury:	06/21/2013
Decision Date:	10/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family 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:

This is a 58-year-old male who reported an industrial injury on 6/21/2013, 16 months ago, to the neck, head, upper extremities, and back attributed to the performance of his usual and customary job duties reported as being assaulted and struck in the head. The patient is been treated with physical therapy; medications; activity modification; and cervical epidural steroid injections. The patient is prescribed duloxetine; Norco; Intermezzo, Butrans transdermal; and Lyrica. The patient continues to complain of headaches; neck pain radiating to the right upper extremity; and back pain. The objective findings on examination included diminished range of motion to the cervical spine tenderness to deep palpation of the trapezius and levator scapula muscles; significant spasming and identified trigger points; motor function was 5/5; sensory perception was intact in the bilateral upper extremities; diminished range of motion to the lumbar spine; palpation of the lumbar facets also elicited tenderness; SLR was negative bilaterally; SI joint are nontender. The diagnoses were cervicalgia; degeneration of cervical intervertebral disc; disorder of muscle, ligament and fascia; lumbar spine DDD; lumbago; lumbosacral spondylosis without myelopathy; muscle spasm; spinal stenosis; osteoarthritis of spinal facet joint; insomnia; pain in the right arm; headaches; and chronic pain syndrome. The treatment plan included medial branch block bilateral C2, C3.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: BILATERAL C2, C3 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-75, 187;300; 179 -180,Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-facet joint diagnostic blocks; neck and upper back chapter-epidural steroid injections

Decision rationale: The request for the cervical MBB or facet blocks to bilateral C2 and C2 is inconsistent with the recommendations of the CA MTUS for the treatment of this injured worker. There is no objective evidence of facet arthropathy as a pain generator to the cervical spine as documented by a Cervical Spine MRI or x-ray imaging studies. There are no documented neurological deficits. There is no documented pain on extension/rotation of the cervical spine. The treatment of the patient with facet blocks is recommended by based on the assessment of facet-mediated pain; however, there was no documented pain with rotation and extension of the cervical spine. The patient is assessed as having a facet pain generator. There are no objective findings on examination to support the contention of facet generated pain. The use of facet blocks and RFA to the cervical spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The patient was noted to received significant pain reduction with a cervical spine ESI. The CA MTUS states that facet blocks are "limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with neck and shoulder/back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The treating physician provided insufficient subjective and objective evidence to support the medical necessity of diagnostic cervical facet block in the anticipation of performing RFA or for the treatment of chronic neck pain. The provider did not support his request with the criteria recommended by the evidence-based guidelines. The request for the authorization of diagnostic facet blocks or median branch blocks for chronic cervical spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial cervical pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. There is no demonstrated medical necessity for the requested medial branch block at bilateral C2 and C3.