MAXIMUS Federal Services

Case Number:	CM14-0071551		
Date Assigned:	07/16/2014	Date of Injury:	11/09/2011
Decision Date:	12/15/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Interventional Spine 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 patient is a 42 year old female with an injury date of 11/09/11. Work status as of 3/18/14: The patient is permanent and stationary with exacerbation. She is currently performing her usual and customary duties at work." Based on the 3/18/14 progress report by [redacted], this patient is complaining of "constant right-sided neck pain which varies in intensity." She states that "initially after the injury the pain radiated down her right upper extremity" and "now when the pain radiates down her arm it only goes down to the elbow level." In addition, she has had the "onset of severe headaches associated with her neck pain ever since the work-related injury." On visual inspection there are "noticeable muscle spasms on the right side, with visible cords on the right, absent on the left" with "tenderness and guarding in the cervical paraspinal musculature." Positive Spurling's sign to the right, and deep tendon reflexes are 2+. Impressions/diagnoses for this patient are:- Cervical facet arthropathy- Cervical spondylosis, C4-C5, C5-C6, and C6-C7- 4 MM posterior disc protrusion, C6-C7- 2.5 MM posterior disc protrusion, C5-C6- 3/18/14 Cervical x-rays show reversal of the usual cervical lordosis, consistent with muscle spasms. There is degenerative disc disease with mild loss of disc height and marginal osteophytosis at C6-7.-4/08/13 X-rays of right shoulder show no significant arthritic changes; acromioclavicular joint well maintained.-4/08/13 X-rays of cervical spine show moderate narrowing, C5-C6 and some at C6-C7.-2/10/12 MRI of cervical spine show: (1) cervical spondylosis C4-C5, C5-C6, and C6-C7 discs, (2) 4 mm posterior disc protrusion at C6-C7, and (3) 2.5 mm posterior disc protrusion at C5-C6.-12/18/11: EMG & NCV Findings show: (1) all nerve conduction studies were within normal limit, (2) all F Wave latencies were within normal limits, (3) all examined muscle showed no evidence of electrical instability; there is no electrodiagnostic evidence of mononeuropathy involving the medial ulnar or radial nerves; no

electrodiagnostic evidence of cervical radiculopathy, plexopathy or myopathy. The utilization review being challenged is dated 4/16/14. The request is for diagnostic facet block at C6-7 bilaterally. The requesting provider is [redacted] and he has provided three progress reports from 11/12/13 to 3/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic facet block at C6-7 bilaterally: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM) American College of Occupational and Environmental Medicine Invasive Techniques

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks, Neck and Upper Back (Acute & Chronic)

Decision rationale: This patient presents with "right-sided neck pain that varies in intensity." The treater requests a diagnostic facet block at C6-7 bilaterally.Regarding use of diagnostic blocks for facet "mediated" pain, while CA MTUS is silent on the topic of facet blocks, ODG states: "Clinical presentation should be consistent with facet joint pain, signs & symptoms," with criteria that include one set of diagnostics medial branch block, non-radicular pain, no more than 2 facet joint levels, no opioids should be given during the procedure, etc. Criteria for use of therapeutic intra-articular and medial branch blocks state "there should be no evidence of radicular pain, spinal stenosis, or previous fusion."Per 3/18/14 report, the provider feels "that her intermittent upper extremity symptoms are most likely referred pain from the posterior elements from the neck to the upper arm rather than caused by true radiculopathy." There are "no positive neural tension signs, sensory changes, or reflex changes." This patient has "failed to get relief of her symptoms with conservative treatment: physical therapy, alternating hot/cold applications, acupuncture, anti-inflammatory medication, cervical pillow, cervical collar, and a cervical epidural steroid injection on 1/20/14.Per 1/27/14 report: Patient complains of "increase in pain, headaches and neck stiffness since her cervical spine epidural steroid injection" performed on 1/20/14. Patient rates her neck pain at 8-9/10 and adds that her neck pain and stiffness "have been exacerbated."Per 1/08/14 report: Patient complains of "soreness, aching and sharp pain with radiation to the right upper extremity associated with a sensation of numbness of the right upper extremity."This patient states "initially after the injury the pain radiated down her right upper extremity" and "now when the pain radiates down her arm it only goes down to the elbow level." The patient has persistent neck pain and the treater provides adequate explanation of the patient's symptoms. There is no evidence that this patient has had diagnostic evaluation of the facet joints. Diagnostic facet injections are supported either via intra-articular facet injection or via DMB (diagnostic medial branch) blocks. Request is medically necessary.