

Case Number:	CM14-0077357		
Date Assigned:	07/18/2014	Date of Injury:	11/25/2002
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/28/2014

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 Internal 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:

Patient is an injured worker with cervical facet arthropathy, facet arthropathy L3-L4 and L4-L5, moderate canal stenosis at L4-L5 and L3-L4, lumbar radiculopathy, and status post C5-C6 fusion in 2004. The date of injury was 11-25-2002. The progress report dated 4/9/14 indicated the patient was experiencing increased cervical pain with numbness down both arms. The patient also had ongoing mid and low back pain. The low back pain was rated 2-3/10. The neck pain was rated 6/10 and was worse with extension. The TENS unit helped significantly with neck pain. Patient reported using Norco 10/325 and Promolaxin once a day. The medications decreased pain and allowed him to function. On examination, his gait was mildly antalgic. Range of motion of the cervical, thoracic and lumbar spine was decreased in all planes. There was tenderness to palpation of the cervical and thoracic paraspinals as well as the facet joints in the lumbar spine. Lower extremity motor strength was rated 4+/5. The dorsalis pedis pulses were 2/4. The urine toxicology report from 7/23/13 was consistent with current medications. The cervical MRI from 2/20/14 revealed abnormalities at C4-5 and C6-7. Cervical spine MRI 2/20/2014 reported findings at C4-C5, including broad-based posterior disc herniation which abuts the anterior aspect of the spinal cord with concurrent bilateral uncovertebral joint degenerative change, disc material and uncovertebral joint degenerative change causing stenosis of the bilateral neural foramen that deviates the bilateral C5 exiting nerve roots. At C6-C7, there was a broad-based posterior disc herniation which causes stenosis of the spinal canal, a concurrent bilateral uncovertebral joint degenerative change, disc material and uncovertebral joint degenerative change causing stenosis of the bilateral neural foramen that deviates the bilateral C7 exiting nerve roots. MRI 02-20-2014 reported findings consistent with anterior cervical spine fusion at C5-C6. At C5-C6, there was no significant disc herniation, spinal canal and neural foraminae are patent and exiting nerve roots were normal. Diagnoses were C5-C6 fusion in 2004, cervical facet

arthropathy, facet arthropathy L3-L4 and L4-L5, moderate canal stenosis at L4-L5 and L3-L4, lumbar radiculopathy. The provider prescribed Norco 10/325 #60, Ducoprene 100 mg twice a day, Elavil 10 mg two before bed, and Flexeril as heeded for spasm. Due to radiographic evidence of cervical facet arthropathy, location of symptoms and prior C5/6 fusion, the provider recommended a medial branch block bilaterally at C5/6 and C6/7. Bilateral C5-6 and C6-7 facet medial branch block was requested. Utilization review decision date was 05-21-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical 5-6, Cervical 6-7 facet medial branch block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM Chapter 8 Neck and Upper Back Complaints, Pages 174-175, 181-183 Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Guideline.Gov Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks Facet joint therapeutic steroid injections.

Decision rationale: The MTUS addresses cervical facet injection. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that invasive techniques, such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injections of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) state that facet joint therapeutic steroid injections are not recommended. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Official Disability Guidelines (ODG) states that therapeutic intra-articular and medial branch blocks are not recommended. ODG guidelines state that that therapeutic intra-articular and medial branch blocks are not recommended in patients with previous fusion. Medial branch block procedures are generally considered a diagnostic block. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The patient is an injured worker with cervical facet arthropathy and is status post C5-C6 fusion in 2004. The MRI of the cervical spine performed on 02-20-2014 reported findings consistent with anterior cervical spine fusion at C5-C6. ODG and Work Loss Data Institute guidelines state that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Therefore, the facet injection at C5-6 is not recommended. ACOEM, ODG, and Work Loss Data Institute guidelines do not recommend cervical facet injections. Therefore, the request for Bilateral C5-6, C6-7 Facet Medial Branch Block is not medically necessary.