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| Case Number: | CM14-0084395 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 10/11/1999 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 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:

The injured worker is a 58-year-old female who reported an injury on 10/11/1999. The mechanism of injury was reported when the injured worker lifted a box. The diagnoses include cervical spine degenerative disc disease, cervical facet arthropathy, status post arthroscopic surgery; status post left shoulder surgery, and status post right wrist and hand surgery. Previous treatments included acupuncture, physical therapy, chiropractic sessions, and cervical facet blocks in 2011. Diagnostic testing included an MRI and an EMG/NCV. Within the clinical note dated 03/21/2014, it was reported the injured worker complained of persistent neck pain as well as right shoulder pain. The injured worker rated her neck pain 7/10 to 8/10 in severity. Upon physical examination, the provider noted the range of motion of the cervical spine was forward flexion at 40 degrees and extension at 45 degrees. The provider indicated the injured worker had pain on the facets at C2 to C6 more on the left. The provider requested a left cervical diagnostic facet block to locate the main pain generator. However, the request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Diagnostic Facet Block under fluoroscopy, C3-4, C4-5 medial branch:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for a Left Cervical Diagnostic Facet Block under Fluoroscopy, C3-4 and C4-5 Medial Branch is not medically necessary. The California MTUS/ACOEM Guidelines state that "invasive techniques, such as facet joint injections, have no proven benefit in treating acute neck and upper back symptoms." In addition, the Official Disability Guidelines note facet joint diagnostic blocks are performed with the anticipation that if successful, treatments may proceed to facet neurotomy at the diagnosed levels. The guidelines note that clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note 1 set of diagnostic medial branch blocks is required with the response of greater than 70%. The response should be approximately 2 hours for Lidocaine. The guidelines note that medial branch blocks are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. The guidelines recommend the documentation of a failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 joint levels are to be injected at 1 session. Diagnostic blocks should not perform in patients in whom surgical procedures are anticipated. There was a lack of significant documentation indicating neurological deficits in a specific dermatomal or myotomal distribution. There was a lack of documentation indicating the injured worker had tried and failed on at least 4 to 6 weeks of conservative treatment including home exercise, physical therapy, or NSAIDs. There was a lack of documentation indicating the efficacy of the injured worker's prior injection. Therefore, the request is not medically necessary.