MAXIMUS Federal Services

Case Number:	CM14-0175405		
Date Assigned:	10/28/2014	Date of Injury:	04/03/2005
Decision Date:	04/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female, who sustained a work related injury on 4/3/05. The diagnoses have included status post lumbar fusion, chronic low back pain, status post cervical fusion, chronic cervical spine sprain/strain and bilateral shoulder tendinosis and impingement syndrome. Treatments to date have included oral medications, cervical spine surgery, lumbar spine surgery, home exercise program and Toradol injection. In the PR-2 dated 9/3/14, the injured worker complains of chronic cervical neck, low back and bilateral shoulder pain. He states his neck and low back pain is stable at the present time. He has decreased range of motion in the low back. He has pain with range of motion. He has tenderness to palpation of neck musculature. He has cervical neck pain with radiation down right arm. He has tenderness to touch of bilateral shoulder joints. On 10/21/14, Utilization Review non-certified a request for cervical facet joint block at C5-6 and C6-7. The California MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet joint block at C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS

Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online.epocrates.comMonthly Prescribing Reference, www.empr.com Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cervical chapter, Facet Injections.

Decision rationale: The records indicate the patient has ongoing neck and back pain following neck and back surgery. The current request is for Cervical Facet Block at C5-6 and C6-7. The MTUS guidelines do not address facet injections. The ODG states that facet injections are recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The ODG has established specific criteria prior to proceeding with facet injections. Specifically, the criteria is limited to patients with cervical pain that is non-radicular and no more than two levels are injected. In this case, the 9/3/14 attending physician report, as the reports previous to it note, the patient continues to have C6 right upper extremity radicular pain and that it has increased. While it is possible that the attending physician actually meant referred pain, he specifically noted radicular pain on at least the last three progress reports. The current presentation is not consistent with the ODG criteria established for facet injections and as such, recommendation is for denial.