

Case Number:	CM14-0188188		
Date Assigned:	11/18/2014	Date of Injury:	06/18/2013
Decision Date:	03/06/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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

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:

This 52 year old female was injured 6/18/13 while transferring a student from a wheelchair when she felt a "popping" sensation in the neck region. Her diagnoses included cervical spondylosis and cervicogenic headache. Her past medical history includes excision of thoracic paravertebral tumor (2011). She has had trigger point injection in the left cervical musculature with improvement in symptoms (9/16/14). After the injection there was no tenderness over posterior elements, painless range of motion with minor discomfort over the left trapezius and scalene muscles. Prior MRI (no date) revealed bilateral C4-6 foraminal narrowing and osteophytes and flattening of the ventral cord at C6. By examination dated 10/6/14 the injured worker had daily cervical pain described as pressure at the base of the skull with radiation into neck and shoulders bilaterally. In addition she exhibited sleep disturbances due to pain. On physical exam there was tenderness to palpation over the trapezius muscles bilaterally and limited flexion due to discomfort. She has tried physical therapy and this was unsuccessful (no dates available). She is not doing home exercise program. Her medications include gabapentin, Norco. The CURES report (9/15/14) was consistent with prescribed medications. Pain intensity was 5-8/10. She was unable to tolerate non-steroidal anti-inflammatory medications. She has difficulty with heavy lifting and with certain range of motion. She is working with modified duty and weight restriction of no more than 40 pounds. On 10/21/14 Utilization Review non-certified the request for outpatient cervical facet injection medial branch block to the left C2-3, C3 based on cervical exam failing to show dysfunction consistent with facet signs. MTUS ACOEM Chapter 12 was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injection Medial Branch Block for the left C2-3, C3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with neck pain from the back of her skull, extending down into her shoulders bilaterally. The request is for Cervical Facet Injection Medial Branch Block for the left C2-3, C3. Patient's diagnosis includes cervical spondylosis and cervicogenic headache. Patient uses occasional muscle relaxants or Tylenol. Per progress report dated 09/15/14, patient received a Marcaine injection in her right superior paracervical muscles. Patient's work status is permanent and stationary. ODG guidelines have the following regarding Facet joint signs and symptoms: "C-spine facet: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)." Based on progress report dated 09/15/14, treater states that patient developed neck pain with no radicular component. ODG guidelines limit blocks for patients with non-radicular cervical pain, and requires documentation of failure of conservative treatment. The patient has completed 6 weeks of physical therapy with limited improvements, per progress report dated 09/15/14. The patient has neck pain that is non-radicular and the request is for 2 joint levels. The request appears to meet ODG requirements. Therefore, the request IS medically necessary.