

Case Number:	CM14-0197375		
Date Assigned:	12/05/2014	Date of Injury:	10/01/1990
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain medicine and acupuncture 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:

Injured worker is a 55 year old male with date of injury 10/1/1990. Date of the UR decision was 11/7/2014. He injured his cervical spine while he was assembling cubicles in an office. He underwent imaging studies, medication management, conservative treatment; two cervical spine surgeries consisting of a C6-7 anterior cervical discectomy, fusion and C6-7 bilateral foraminotomies and post-operative physical therapy, trigger point injections and botox injections. There was only mild relief of his radiculopathy symptoms from this second procedure. Per report dated 9/2/2014, he presented with ongoing neck pain (7/10), bilateral cervical paraspinal pain. He has used a TENS unit and been treated with medication management. He had RFA 3 days prior to the report, and his left sided neck pain was much better, although he reported still being sore after the procedure. Right RFA was done one year ago and had 75% pain relief that lasted 8-9 months. He was being prescribed Cymbalta 20 mg daily, Fentanyl 75 mcg/hr every other day, Lunesta (3 mg at bedtime if needed for sleep, Lyrica 50 mg, 1-2 mg/day, Once a Day As Per Needed, Meloxicam 7.5 mg 1-2 Times a Day As Per Needed. Methadone 10 mg, 1-3 times a day As Per Needed, Mirtazapine 15 mg at bedtime and docusate 50 mg-8.6 mg, 1 mg/day, 3 times a day As Per Needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block at C3-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic)

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 (injections).

Decision rationale: The MTUS is silent on medial branch blocks. Per the ODG guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool, citing minimal evidence for treatment. The ODG indicates that criteria for facet joint diagnostic blocks (injections) are as follows: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back 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 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] Since the request is for greater than the recommended 2 facet joint levels at a time, the request is not medically necessary.