

Case Number:	CM14-0202501		
Date Assigned:	12/15/2014	Date of Injury:	01/12/2009
Decision Date:	01/31/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice, and is licensed to practice in New Jersey. 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:

This is a 35-year-old male with a work related injury dated January 12, 2009. He was diagnosed with cervical intervertebral disc, cervical disc displacement, cervical radiculitis, and bilateral carpal tunnel syndrome. He was treated with surgery (cervical, left shoulder, cubital tunnel), physical therapy, and medications. The documentation of the physician's visit dated October 29, 2014 the worker was experiencing constant pain in the cervical & thoracic spine. Pain was reported as aggravated by motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. Pain was characterized as sharp and radiated into the upper extremities. The worker also complained of tension as well as migraine headaches. The worker had ongoing neck pain that radiated to the left shoulder and left arm. Physical exam showed numbness and weakness of the hands/arms. The worker had decreased sensation over the C6 and C7 dermatome and upper extremity reflexes were graded one plus in the left biceps. The physical examination was also remarkable for tenderness with spasm of the paravertebral muscle, negative axial loading compression test and Spurling's maneuver negative. Range of motion was limited by pain. Pain was rated a seven on a scale of ten. Strength was described as normal. Diagnoses at this visit included degeneration of thoracic intervertebral disc and cervicalgia. Treatment plan outlined in this visit was medication refills for all pain medications and cervical individual facet blocks for C5-6, C6-7 and C7-TI pending authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-6, C6-7, C7-T1 cervical facet injection, monitored anesthesia care, and Epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, facet joint diagnostic blocks.

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection, and 12. Facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis. In the case of this worker, he did not seem to meet the criteria for facet joint injection as there was no clear diagnosis of facet joint pain displayed via physical examination, there was clearly evident and persistent cervical radiculopathy, and the request was for three levels, which is not recommended. Therefore, the cervical facet joint injections are not medically necessary.