

Case Number:	CM14-0203529		
Date Assigned:	12/16/2014	Date of Injury:	08/01/2011
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

According to the records made available for review, this is a 45-year-old female with a date of injury on 08/01/2011. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 10/30/2014 indicated the diagnoses of status post anterior cervical discectomy and fusion, possible right cervical facet pain, and right sacroiliac joint pain improved post injection. The documentation from 10/30/2014 noted subjective findings of complaints intermittent tension headaches, neck pain and tightness, low back pain, and bilateral hip and buttock pain. Physical examination from this date was revealing for tenderness to the right cervical facet joints, and the right sacroiliac joint. Range of motion to the cervical region was noted for discomfort with extension and rotation with the right greater than the left and a lumbar range of motion that was noted for mild right sided pain with extension and rotation. The injured worker had a positive Faber's on the right and a motor strength that was a five out five for the bilateral upper and lower extremities with a normal sensory examination. Documentation from 06/14/2013 noted magnetic resonance imaging performed on 09/16/2011 that noted a mild focal disc protrusion to the left of midline at cervical five to six and mild left neural foraminal stenosis. Prior treatments offered to the injured worker included physical therapy with an unknown quantity, injection to the right sacroiliac joint, anterior cervical discectomy and fusion, possible trigger point injection, and a medication history of Ambien, Dilaudid, Ibuprofen, Lyrica, Percocet, MS Contin, and Soma. Documentation from 10/30/2014 noted that medication regimen was not providing enough relief for pain. While documentation indicated that physical therapy treatments was provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits. The medical records provided did not indicate specific details of functional improvement, improvement in work function, or in activities of daily living. The medical records also lacked documentation of disability status or work status. On

11/11/2014, Utilization Review non-certified a prescription for right cervical medial branch blocks cervical four to five and cervical five to six with intravenous sedation and fluoroscopy. The Utilization Review noted noncertified based on CA MTUS, ACOEM Neck and Upper Back noting that cervical medical branch blocks are not recommended. The utilization review also noted that examination performed did not indicate a reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Medial Branch Blocks C4-5, C5-6 with IV Sedation and Fluoro: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181; 309.

Decision rationale: Per MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." According to ODG guidelines regarding facets injections, it is "under study... Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti , 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial." Furthermore, ODG guidelines state: "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection." In this case, there is no documentation of facet mediated pain. There is no clear evidence or documentation that cervical facets are main pain generator. There is no evidence of a formal plan of additional evidence-

based activity and exercise in addition to facet joint injection. There is no clear evidence that the diagnosis of radiculopathy was excluded. Therefore, the request for Right Cervical Medial Branch Blocks C4-5, C5-6 with IV Sedation and Fluoro is not medically necessary.