

Case Number:	CM14-0085181		
Date Assigned:	07/23/2014	Date of Injury:	06/12/2001
Decision Date:	01/26/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/06/2014

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:

The worker is a 65 year old male who was injured on 6/12/2001. He was diagnosed with cervicgia, cervical disc disease, cervicocranial syndrome, brachial neuritis/radiculitis, muscle spasm, and myalgia/myositis. He was treated with cervical fusion (C5-7), medications, and physical therapy (home exercises), but continued to experience chronic neck pain, arm pain/radicular symptoms of numbness, and head pain. On 4/1/2014, the worker was seen by his pain specialist for a follow-up, reporting no significant changes in his persistent pain, rated at 8/10 on the pain scale. He reported taking multiple medications. Physical examination findings included BMI 28.6, cervical crepitus, decreased range of motion of the cervical spine. He was then recommended to continue his medications, consider a surgical consult, and a right C2, C3, C4, and C5 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 of 2 steroid/ anesthetic injection: right MBB at C2,3,4,AND 5: 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- Treatment in Workers' Compensation, 12th edition, Neck and Upper Back, updated 4/14/14, Criteria for the use of diagnostic blocks for facet nerve pain

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

Decision rationale: The MTUS Guidelines are silent on the subject of therapeutic steroid facet joint injections into the cervical area. The ODG does, however, state that facet blocks may be recommended for no more than one therapeutic intra-articular block prior to neurotomy but not for long-term therapeutic value. The ODG states that cervical facet joint injections are not recommended due to no known quality studies suggesting efficacy or safety. If a diagnostic medial branch block is performed, the ODG states that no more than 2 levels should be injected at one time and no evidence of radiculopathy should be present. Also, there should be evidence (subjective and objective) for facet joint pain. In the case of this worker, the physical examination findings did not suggest facet joint pain clearly, the worker has radicular pain and numbness into his arm, and more than two levels were intended to be injected at the same time. Considering this worker not full filling the criteria for consideration of this request for C2-5 diagnostic blocks, they are not medically necessary.