

Case Number:	CM15-0002715		
Date Assigned:	01/13/2015	Date of Injury:	08/04/2008
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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:

The injured worker is a 40-year-old male who reported injury on 08/04/2008. The mechanism of injury was a fall from a chair. Prior treatments included an MRI, medications, physical therapy, acupuncture and epidural steroid injections x3. The documentation indicated the original date of request was 12/09/2014. However, the most recent documentation was dated 11/05/2014, which revealed the injured worker had continued pain in the cervical spine. The injured worker had spasms and tenderness and decreased range of motion. The diagnoses included dislocation or tear of the lateral meniscus acute and derangement of the anterior horn of the medial meniscus. The note was handwritten and difficult to read. The documentation indicated the injured worker's medications included Soma 350 mg and Norco 10/325 mg. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical medial branch block C3-4 and C4-5: 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 (ODG) Facet Joint pain,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, application of secondary guidelines was sought. Per Official Disability Guidelines, criteria for the use of diagnostic blocks for facet nerve pain include, "clinical presentation should be consistent with facet joint pain; signs and symptoms, which include unilateral pain that does not radiate past the shoulder; objective findings of axial neck pain (either with no radiation or rarely past the shoulders); tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation); and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted, pathology in this region should be excluded. There should be 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. The pain response should be approximately 2 hours for Lidocaine" Limited to no more than 2 levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 to 6 weeks, and the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. There was a lack of documentation of facet joint pain, signs and symptoms and objective findings. There was a lack of documentation of a failure of conservative care, including home exercises, physical therapy and NSAIDs, for at least 4 to 6 weeks prior to the injection. There was a lack of documented rationale for the request. Given the above and the lack of documentation of objective findings, as well as a failure of conservative treatment, the request for bilateral cervical medial branch block C3-4 and C4-5 is not medically necessary.