

Case Number:	CM15-0006292		
Date Assigned:	01/21/2015	Date of Injury:	06/04/2012
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

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 33-year-old female who reported an injury on 06/04/2012, the mechanism of injury was not provided. On 01/06/2015, the injured worker presented with complaints of pain located in the neck described as sharp and moderate to severe. Current medications included ibuprofen and Voltaren gel. On examination of the cervical spine there was tenderness present with palpation diffusely. There was limited range of motion of the neck with flexion and extension. An official MRI of the cervical spine performed on 04/04/2014 revealed C5-6 right sided uncovertebral hypertrophy resulting in mild narrowing on the right neural foramen; no central canal or left neural foraminal narrowing. Prior therapies were not noted. The provider recommended a pain nerve block/pulsed RF. No rationale was provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain nerve block/pulsed RF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 133.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: The request for a Pain nerve block/pulsed RF is not medically necessary. The California MTUS/ACOEM Guidelines state, invasive techniques such as facet joint injections are of questionable merit. Despite the fact that proof is still lacking many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for injured workers presenting in the transitional phase between acute and chronic. The Official Disability Guidelines further state that the criteria for use of a diagnostic block for facet nerve include onset of diagnostic medial branch block with response of greater than or equal to 70% of pain reduction for approximately 2 hours and is limited to injured workers with cervical pain that is nonradicular and at no more than 2 levels bilaterally. There should be documentation of failure to respond to conservative treatment including medication, home exercise, and physical therapy and a diagnostic block should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. The documentation submitted for review lacked evidence of the injured worker's failure to respond to initially recommended conservative treatment. Additionally, the provider's request as submitted does not indicate the level or levels being requested for the nerve block. There was no evidence that the injured worker had a diagnostic block with a 70% pain reduction for approximately 2 hours. As such, medical necessity has not been established.