MAXIMUS Federal Services

Case Number:	CM15-0007063		
Date Assigned:	01/23/2015	Date of Injury:	08/14/2013
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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 34-year-old female with a reported date of injury on 08/14/2013; the mechanism of injury was not provided. The injured worker's diagnosis includes cervical pain/cervicalgia. The treatment options completed thus far include the use ibuprofen and Norco, which were noted to have not provided therapeutic benefit. The latest clinical note from 12/22/2014 noted that the injured worker had a chief complaint of continued pain in the neck and shoulders rated 10/10. On physical examination, it was noted the injured worker had tenderness at the facet joint as well as decreased range of motion in all directions. At that time, the physician was recommending cervical medial branch blocks, as the injured worker was noted to have neck pain radiating to the upper back and marked pain on cervical extension and lateral bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two cervical medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck & Upper Back Chapter, Harris J. Occupational Medicine Practic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet joint diagnostic blocks

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: According to American College of Occupational and Environmental Medicine Guidelines, it states that invasive techniques, to include facet joint injections, are of questionable merit. However, the Official Disability Guidelines indicate that criteria for the use of diagnostic blocks for facet mediated pain must include documentation of a failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The guidelines further state that the injured worker's signs and symptoms must be consistent with facet joint pain. Facet joint injection is also limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. In addition, the guidelines continue to state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed level. While the clinical notes provided for review demonstrated that the injured worker had tenderness over the facet joint, it remains unclear at what level this tenderness is located. In addition, there is a lack of evidence within the documentation that the injured worker had attempted an adequate amount of conservative treatment to include home exercise and physical therapy for at least 4 to 6 weeks prior to consideration of this invasive treatment option. Furthermore, there is a lack of evidence within the documentation that if the diagnostic blocks are successful, that the anticipated treatment would be to proceed to facet neurotomy at the diagnosed level. Lastly, the request as provided does not specifically state at which levels the medial branch blocks are being considered. Therefore, the request for 2 cervical medial branch blocks is not medically necessary.