

Case Number:	CM15-0101254		
Date Assigned:	06/03/2015	Date of Injury:	02/13/2001
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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 70-year-old male, who sustained an industrial injury on 2/13/01. The injured worker was diagnosed as having cervical facet syndrome, cervical pain, cervical disc degeneration, and cervical disc disorder. Treatment to date has included physical therapy, home exercise, TENS, and medications. A physician's report dated 4/23/15 noted pain was rated as 8/10 with medications and 10/10 without medications. Currently, the injured worker complains of neck pain, upper back pain, and bilateral upper extremity pain. The treating physician requested authorization for a cervical facet block at left C3-4 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet block at left C3-4 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine Chapter, 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 Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: Based on the 03/26/15 progress report provided by treating physician, the patient presents with neck pain, bilateral extremity pain and left shoulder pain. The request is for CERVICAL FACET BLOCK AT LEFT C3-4 AND C4-5. Patient's diagnosis per Request for Authorization form dated 12/02/14 and 03/16/15 includes cervicgia and cervical radiculopathy. Physical examination to the cervical spine on 03/26/15 revealed decreased range of motion, especially on extension 5 degrees. Positive bilateral facet loading. Treatment to date has included physical therapy, home exercise, TENS, and medications. Patient's medications include Tizanidine, Percocet, Neurontin, Ibuprofen, Lidoderm patch and Pennsaid. The patient is permanent and stationary, per 03/26/15 report. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy -a procedure that is considered 'under study'. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non- radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs- prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. 8. 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. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." Per 03/26/15 report, treater states the patient "would like to trial cervical facet injections without steroid and lidocaine only to address neck complaints. Pt previously had a cervical MBB and apparently had a bad reaction to the steroid so results were unclear, so we would like to re-trial the procedure with Lidocaine only to determine if there is a facet mediated component to his pain." However, this patient presents with cervical pain which radiates into the bilateral upper extremities and had a diagnosis of cervical radiculopathy, per RFA's dated 12/02/14 and 03/12/15. Guidelines do not support diagnostic cervical facet blocks in patients who present with cervical pain with radicular symptoms. Given these findings, the requested diagnostic block cannot be substantiated. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.