

Case Number:	CM15-0105748		
Date Assigned:	06/10/2015	Date of Injury:	07/15/2010
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 44 year old female patient who sustained an industrial injury on 07/15/2010. The accident was described as while working as a realtor she fell down a spiral staircase falling hitting her head and the right side of her body down about twenty carpeted stairs. She immediately had the acute onset of head pain and was unable to move from her position. An ambulance escorted her to the emergency room for evaluation and treatment. She was treated and discharged that day with medication. Several days later she was seen in urgent care for progressing pain. Thereafter she underwent further diagnostic radiography tests. She did undergo a course of physical therapy along with pain management consultation with trigger point injections administered and no relief in symptom. The patient remained off from work duty for about six months. On 01/2011 she returned to a modified position and underwent a short course of chiropractic session. By December 2011 she was being seen for an orthopedic evaluation along with repeated radiographic testing to include magnetic resonance imaging of cervical, thoracic and lumbar spine. By 01/05/2012 she had trialed Morphine, Toradol, Zanaflex, and Percocet for pain relief. Current medications are: Ibuprofen, Robaxin, Trazadone, Zanaflex, and Percocet. Subjective complaints showed frequent severe headaches. Cervical spine, thoracic and lumbar spine, bilateral knees, and right ankle pain. A primary treating office visit dated 01/14/2015 reported the patient prescribed modified work duty on 01/15/2015. She would like to receive facet block injections along with continuing with acupuncture session. She has continued loss of strength and decreased motion. The following diagnoses are applied: displaced cervical intervertebral disc disease without myelopathy; lumbar and cervical degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet block at C5-C7 x 1 with fluoroscopy and monitored anesthesia care:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 48, 174 and 181, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter (Online Version), Facet joint pain, signs & symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 174,181 and 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back - Facet Joint Blocks, Facet Joint Radiofrequency Neurotomy, Facet Joint therapeutic steroid injections.

Decision rationale: This is a review for the requested bilateral cervical facet block at C5-C7 x1 with fluoroscopy and monitored anesthesia care. According to the medical record this patient received a cervical facet block on the right in January 2015 and on the left in February 2015. There was reported to be an 85% pain relief for two months with these blocks. According to the Occupational Medicine Practice Guidelines facet injections are not recommended for management of neck and upper back complaints. There is however, evidence to suggest that radiofrequency neurotomy of facet joint in the cervical spine provides good temporary relief of pain. According to the ODG a facet joint diagnostic block is recommended in anticipation that, if successful, the treatment may proceed to a facet neurotomy. Some criteria for the utilization of a diagnostic block includes no more than two levels are injected in one session. This request is for three levels. In addition, facet joint steroid injection is not recommended. If it is used anyway, then no more than one therapeutic block or steroid injection should be performed. This patient has already had a previous block. If there is appropriate evidence of effectiveness then there should be consideration of performing a radiofrequency neurotomy. A radiofrequency neurotomy (A.K.A. facet rhizotomy) is a pain management technique used to treat chronic pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying the facet joint, specifically the medial branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. Although this patient has documented evidence of pain relief there is no documented evidence of gain or improvement in function or decreased use of medication. For these reasons the above listed issue is considered not medically necessary.