

Case Number:	CM15-0162495		
Date Assigned:	08/28/2015	Date of Injury:	09/16/2003
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 09-16-2003. She has reported injury to the neck. The diagnoses have included cervicothoracic sprain-strain; cervical radiculopathy - right upper extremity; cervical foraminal stenosis - C3-4, C4-5, and C6-6; bilateral shoulder, forearm, wrist sprain-strain; overuse syndrome of bilateral upper extremities; right shoulder partial tearing of the suprapinatus tendon, moderate impingement syndrome; and status post right shoulder arthroscopy, in August 2008. Treatment to date has included medications, diagnostics, massage, TENS (transcutaneous electrical nerve stimulation) unit, trigger point injections, epidural steroid injections, surgical intervention, physical therapy, and home exercise program. Medications have included Ibuprofen, Tramadol, Lyrica, and Tizanidine. A progress report from the treating physician, dated 07-09-2015, documented an evaluation with the injured worker. The injured worker reported pain in the right upper extremity, neck, and upper back; very stiff neck into the right shoulder, and across the upper back, and intermittently down the left upper extremity; and she misses two to three days of work per month. It is noted in the submitted documentation that the two epidural steroid injections had reduced neck and trapezius pain and swelling for one month; and she had only marginally improved with physical therapy. Objective findings included spasms increased at the right neck; decreased neck range of motion; compression of the right neck painful; and decreased right C6 sensation. The treatment plan has included the request for right C4-C5 and C5-C6 facet nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C5 & C5-C6 Facet Nerve Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet blocks.

Decision rationale: The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. When recommended, more than one block at a time is not advised. The request is for two blocks. For these reasons the request does not meet criteria guidelines and therefore is not medically necessary.