

Case Number:	CM15-0184764		
Date Assigned:	09/25/2015	Date of Injury:	08/26/2014
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 36 year old male, who sustained an industrial injury on 8-26-14. The injured worker was diagnosed as having chronic cervicgia, chronic lumbago, intermittent lumbar radiculopathy, L5-S1 facet arthropathy and C6-T1 facet arthropathy. The physical exam (2-27-15 through 6-11-15) revealed tenderness to palpation in the bilateral cervical spine and paraspinal muscles and tenderness along the midline lumbar spine. There is also limited cervical range of motion and pain with lumbar and cervical movements. Treatment to date has included acupuncture and physiotherapy in 6-2015. As of the PR2 dated 8-24-15, the injured worker reports pain in his neck and back. He rates his pain 6 out of 10 with medications and 8 out of 10 without medications. Objective findings include intact sensory to light touch and pinprick in the bilateral upper extremities, minimal tenderness to palpation at the base of the cervical spine and increased pain with lumbar flexion. The treating physician requested a bilateral C6-C7 and C7-T1 facet block and a bilateral L5-S1 facet block. The Utilization Review dated 9-8-15, non-certified the request for a bilateral C6-C7 and C7-T1 facet block and a bilateral L5-S1 facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-7 & C7-T1 Facet Blocks: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in August 2014 and is being treated for chronic neck and low back pain after being struck by a tree. Treatments have included acupuncture, medications, and a home exercise program. When seen, he had pain rated at 6-8/10. There were no radiating symptoms. There was cervical facet tenderness. He had increased neck pain with cervical extension. He had increased low back pain when extending the lumbar spine. Facet blocks in the cervical and lumbar spine are being requested. Diagnostic cervical facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has axial neck pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.

Bilateral L5-S1 Facet Blocks: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in August 2014 and is being treated for chronic neck and low back pain after being struck by a tree. Treatments have included acupuncture, medications, and a home exercise program. When seen, he had pain rated at 6-8/10. There were no radiating symptoms. There was cervical facet tenderness. He had increased neck pain with cervical extension. He had increased low back pain when extending the lumbar spine. Facet blocks in the cervical and lumbar spine are being requested. Criteria for the use of diagnostic lumbar blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.

