

Case Number:	CM15-0186299		
Date Assigned:	09/28/2015	Date of Injury:	12/14/1990
Decision Date:	11/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This injured worker is a 69-year-old male, who sustained an industrial injury on 12-14-1990. The injured worker was diagnosed as having cervical spondylosis without myelopathy. On medical records dated 07-23-2015 and 06-18-2015, the subjective complaints were noted as neck pain and low back pain. Pain was rated a 4 out of 10 and described as throbbing. Objective findings were noted as cervical spine revealed a decreased neck range of motion bilaterally. Tenderness to palpation of cervical paraspinal muscles and bilateral cervical facets joint C4-C5 was noted. Treatments to date included medication. The injured worker was noted to be permanent and stationary. Current medications were not listed on 07-23-2015 or 06-18-2015. The Utilization Review (UR) was dated 08-18-2015. A Request for Cervical Facet Injection (C4-C5) was submitted. The UR submitted for this medical review indicated that the request for Cervical Facet Injection (C4-C5) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injection (C4-C5): Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The current request is for a CERVICAL FACET INJECTION (C4-C5). Treatment history includes lumbar surgery, lumbar injections, physical therapy and medications. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. 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. 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 report 07/23/15, the patient presents with neck and low back pain. Physical examination of the c-spine revealed decreased range of motion, and tenderness to palpation of cervical paraspinal muscles and bilateral cervical facets joint C4-C5. The patient reports that the patient is constant and non-radiating. There is no indication of prior injections for the cervical spine. In this case, the patient presents with facet joint pain, with no radiation of pain and there is documentation of failed conservative treatments. Given the examination findings, the request IS medically necessary.