MAXIMUS Federal Services

Case Number:	CM15-0186431		
Date Assigned:	09/28/2015	Date of Injury:	05/05/2012
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 60 year old female, who sustained an industrial injury on 5-5-12. The injured worker was diagnosed as having cervical pain; cervicalgia; cervical spondylosis without myelopathy; chronic pain syndrome. Treatment to date has included status post bilateral shoulder rotator cuff repair (4-2013; 3-2014); physical therapy; chiropractic therapy; medications. Diagnostics studies included MRI cervical spine (2-13-14); EMG-NCV study upper extremities (2014); CT scan cervical spine (4-13-15). Currently, the PR-2 notes dated 9-2-15 indicated the injured worker was in this office for an evaluation for possible interventional pain procedures. The injured worker complains of pain in the right side of the neck with stiffness and headaches. The provider notes her surgical history since her injury includes shoulder surgery on the right followed by shoulder surgery on the left in 2013 and 2014. Her neck pain persisted and she had electrodiagnostic studies in 2014 showing no evidence of cervical radiculopathy, but noting right carpal tunnel syndrome. She was referred to another provider for surgical evaluation and now referred to this office for possible cervical epidural steroid injections prior to any surgical intervention. The provider documents "pain in the right side of neck progressively getting worse. This is increased looking down, turning to the right. She complains of stiffness, spasms and increased pain with coughing, sneezing and straining. Patient also complains of headaches in the back of the head on the right, and the top of her head. Patient does complain of tingling and numbness in the fifth digit of her left hand and her thumb on her right. Patient also complains of weakness in both upper extremities. She attributes this to her shoulder surgeries. In the questionnaire provided, she rates her worst pain as 8 out of 10, her least pain 3-5, her usual pain 5-6 out of 10. She remarks that her pain is always present, but the intensity varies. She

describes her pain as aching, tight and starting with associated numbness, weakness, tingling and pins and needles sensation. She marks that her pain is worse sitting, bending forward, coughing, sneezing and straining as well as looking down and to the right, her pain is better with medications, heat, ice and medical marijuana. Patient also marks that she does have headaches in the back of the skull, but denies photophobia or phonophobia. Her pain is interfering with her sleep and ability to drive. Overall, patient is seeking a better quality of life, getting back to work, sleeping better, more productive family time, and possibly avoiding surgery." Her medications are listed as: Norco, Percocet, Naprosyn, Soma, OxyContin and Diclofen. Most recent diagnostic was a CT scan of the cervical spine dated 4-13-15 reported by the provider "showing multilevel cervical canal stenosis and foraminal narrowing, negative for disc extrusion." On physical examination, the provider documents "Flexion was more painful than extension. Right lateral rotation and right tilts were painful. Scars of previous surgeries noted on shoulder joints. Patient was tender principally over mid cervical facets given the some tenderness was present over upper and lower cervical facets on the right and minimal on the left. Facet loading test positive on the right side. SI joints non-tender bilaterally. CVA tenderness: no spine extension - restricted and painful. Her gait is normal lower extremity joints normal. Muscle mass normal, muscle tone normal. Mood: showing anxiety, showing frustration. Suicidal ideation absent." The provider notes that the injured worker is suffering from chronic cervical sprain-strain with underlying cervical facet syndrome mainly involving C3-C4, C4-C5 segments. He notes she has failed to respond to conservative management including NSAIDs, physical therapy and limited chiropractic treatments. His evaluation noted no evidence of cervical radiculopathy. And would consider diagnostic medial branch blocks in the absence of cervical radiculopathy and cervical MRI and CT scan findings. He is not in favor of epidural steroid injections. A Request for Authorization is dated 9-22-15. A Utilization Review letter is dated 9-10-15 and non-certification was for Right C3, C4, and C5 medial branch blocks under fluoroscopy guidance. A request for authorization has been received for Right C3, C4, C5 medial branch blocks under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3,C4, C5 medial branch blocks under fluoroscopy guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter - Facet Joint Diagnostic Blocks.

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 Pain; Medial Branch Blocks.

Decision rationale: Right C3, C4, C5 medial branch blocks under fluoroscopic guidance is medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet (medial branch) blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is non-radicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise

physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as 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 level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedure is anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. There is documentation of failed conservative therapy and the physical exam does clearly indicate facet pain; therefore, the requested procedure is medically necessary.