

Case Number:	CM15-0187214		
Date Assigned:	09/29/2015	Date of Injury:	08/22/2011
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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 50-year-old female, with a reported date of injury of 08-22-2011. The diagnoses include cervical disc degeneration, cervical spine sprain and strain, and neck pain. Treatments and evaluation to date have included Norco, Flexeril, Protonix, Gabapentin, physical therapy, Cyclobenzaprine, Medrol Dosepak, Lidoderm patch, Maxalt, Rizatriptan, cervical epidural steroid injection, and aquatic therapy for the neck and low back. The diagnostic studies to date have included a urine drug screens in 2011. The orthopedic and spine surgery re-evaluation report dated 07-14-2015 indicates that the injured worker presented for follow-up. She complained of neck pain with radiation to the trapezial muscles and axial neck pain with radiation to the shoulder. The injured worker currently rated her pain 7 out of 10 (05-12-2015 to 07-14-2015). The pain increased to 9 out of 10 with rotation of the head. The injured worker also noted weakness of the right arm. The physical examination of the cervical spine showed no tenderness to palpation; full range of motion with pain with extension; absent crepitus with extension; normal motor power strength of the bilateral upper extremities; intact sensation to light touch and pinprick in all dermatomes of the bilateral upper extremities; 2+ deep tendon reflexes in the right upper extremity; and 2- deep tendon reflexes in the left upper extremity. The injured worker was temporarily totally disabled until the next evaluation. The treatment plan included a cervical spine facet block injection above the fusion to relieve adjacent segment neck pain. The request for authorization was dated 09-04-2015. The treating physician requested cervical spine facet block injection. On 09-14-2015, Utilization Review (UR) modified the

request for cervical spine facet block injection to one bilateral medial branch block at C2, C3, and C4 under sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine facet block injection: Upheld

Claims Administrator guideline: The Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Blocks.

Decision rationale: The ACOEM Practice Guidelines states that 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. According to the Official Disability Guidelines, 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. For these reasons, the request does not meet criteria guidelines and therefore is not medically necessary.