

Case Number:	CM15-0194265		
Date Assigned:	10/08/2015	Date of Injury:	09/15/2010
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old male who sustained an industrial injury on 9-15-2010. A review of medical records indicates the injured worker is being treated for cervical spondylosis, cervical spine spondylosis with myelopathy, cervical spine herniated nucleus pulposus, cervical disc degeneration, and cervical disc discitis. Medical records dated 8-28-2015 noted cervical pain an 8 out of 10. He has pain in the left neck into the left shoulder. He has numbness in his right hand with limited range of motion. Lumbar pain was rated a 7 out of 10. Prolonged walking and sitting aggravates pain. Physical examination noted tenderness to the cervical spine with decreased range of motion. There was tenderness over the lumbar spine. Flexion was 90 degrees. MRI of the cervical spine dated 4-17-2014 revealed C2-3 HNP with HIZ. MRI of the lumbar spine revealed facet arthropathy L3-4, L4-5, and L5-S1 b-l with neuroforaminal stenosis L3-, L4-5 and L5-S1. Treatment has included modified work duty, Ibuprofen, Norco, and Soma. Utilization review form dated 9-4-2015 noncertified pain management referral for cervical facet medial branch blocks to the left C3-4, C4-5 and C7-T1, medial branch block to the right L3-4, L4-5, and L5-S1, and modified physical therapy 12 session to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral for cervical facet medial branch blocks to the left C3/4, C4/5 and L5/S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

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 section / facet joint diagnostic blocks.

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, Table 8-8, page 181, does not recommend facet injection of corticosteroids or diagnostic blocks in the cervical spine. As the guidelines do not recommend facet blocks, the determination is for non-certification. ODG-TWC, neck section notes that facet joint diagnostic blocks are 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. 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 (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a 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 logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. As the guidelines do not recommend facet blocks, the determination is not medically necessary.

Medial branch block to the right L3/4, L4/5 and L5/S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints, page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation to be consistent with the set mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 8/28/15 demonstrates radicular complaints. Therefore, the determination is not medically necessary.

Physical therapy for the cervical spine 2 times a week for 6 weeks, quantity: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As the requested physical therapy exceeds the recommendation, the determination is not medically necessary.