

Case Number:	CM15-0196848		
Date Assigned:	10/12/2015	Date of Injury:	11/20/2014
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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 37 year old female, who sustained an industrial injury on 11-20-2014. She has reported subsequent neck, low back and right shoulder pain and was diagnosed with lumbar, cervical and right shoulder sprain-strain. Treatment to date has included pain medication, right shoulder Cortisone injection and physical therapy, which were noted to have failed to significantly relieve pain. In a 07-20-2015 progress note, the physician noted that the injured worker had not seen a significant improvement in the shoulder since the Cortisone injection. Objective findings revealed tenderness of the of the cervical neck paraspinal muscles with pain at extremes of all range of motion, evidence of radicular pathology and positive Hawkins and Neer's tests and cross arm adduction test and 4 out of 5 strength of the supra spinatus and external rotators of the right shoulder with mild evidence of scapulothoracic dyskinesia and mild acromioclavicular joint pain to palpation. In a progress note dated 08-03- 2015, the injured worker reported continued neck pain and discomfort with severe headaches and pain into the right shoulder and right upper extremity, primarily with overhead activities. Right shoulder injection was noted to have helped but reported that pain had recurred. Objective examination findings revealed decreased sensation to light touch and pinprick at C5 and C6 on the left. Work status was documented as modified. The physician noted that x-rays of the cervical spine revealed C6-C7 degenerative changes and mild height loss and MRI of the cervical spine revealed focal kyphosis at C5-C6 and C6-C7 with left sided paracentral protrusion compressing the exiting C7 nerve root. The physician noted that the injured worker had failed conservative treatment and that cervical facet injections of C5-C6 and C6-C7 were recommended for diagnostic and therapeutic purposes. A request for authorization of 1 cervical facet joint injection at the levels of C5-C6 and C6-C7 with sedation between 9-3-2015 and 10-18-2015 was submitted. As per the 09-11-2015

utilization review, the request for authorization of 1 cervical facet joint injection at the levels of C5-C6 and C6-C7 with sedation between 9-3-2015 and 10-18-2015 was modified to certification of 1 cervical facet joint injection at the levels of C5-C6 and C6-C7 between 9-3-2015 and 10-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Joint Injection at C5-C6 and C6-C7 with Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015, Neck and Upper Back Chapter (Acute & Chronic), Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Follow-up Visits, Special Studies.

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 request is not medically necessary.