

Case Number:	CM15-0200117		
Date Assigned:	10/15/2015	Date of Injury:	08/31/2009
Decision Date:	12/22/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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, Georgia
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 35 year old female, who sustained an industrial injury on August 31, 2009. The injured worker was diagnosed as having neck pain, cervical sprain, numbness of the face, myofascial pain, and pain to the cervical facet joint. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, home exercise program, use of a transcutaneous electrical nerve stimulation unit, use of heat and ice, status post radiofrequency ablation to the cervical facet joints at the left cervical five to six and cervical six to seven levels, status post radiofrequency ablation to the right cervical three to four and cervical four to five levels, medication regimen, and physical therapy. In a progress note dated September 09, 2015 the treating physician reports complaints of burning pain to the left cervical three to four and cervical four to five regions. Examination performed on September 09, 2015 was revealing for tenderness to the cervical facet joints at the left cervical three to four and cervical four to five levels, tenderness to the cervical paraspinal muscles, and decreased range of motion to the cervical spine. The injured worker's pain level on September 09, 2015 was rated a 5 out of 10 without the use of her medications and was rated a 4 out of 10 with her medications. The progress note on September 09, 2015 noted that the injured worker had an 80 to 90% decrease in pain after a radiofrequency ablation (date unknown) was performed to the right cervical three to four and cervical four to five and prior radiofrequency ablation (date unknown) to the cervical facet joints to the left cervical five to six and cervical six to seven levels had alleviated the injured worker's left side of the low neck, left trapezius, or left periscapular region. On September 09, 2015 the treating physician requested left cervical three to four facet injection,

left cervical four to five facet injection, fluoroscopic guidance, and conscious sedation noting left sided cervical three to four and cervical four to five pain as indicated above along with noting that the injured worker "had really good responses to previous cervical facet injections". On September 17, 2015 the Utilization Review denied the requests for left cervical three to four facet injection, left cervical four to five facet injection, fluoroscopic guidance, and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3-4 Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back and Neck, Cervical diagnostic facet blocks.

Decision rationale: CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. No more than two facet joint injections should be blocked in a single session. One set of blocks should be performed to determine if radiofrequency ablation might be expected to be successful. In this case, the claimant has already had diagnostic facet joint injection on the left at C3-C4 with good response. There is no indication for repeat left C3-C4 facet joint injection. Therefore the request is not medically necessary.

Left C4-5 Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back and Neck, Cervical diagnostic facet blocks.

Decision rationale: CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. No more than two facet joint injections should be blocked in a single session. One set of blocks should be performed to determine if radiofrequency ablation might be expected to

be successful. In this case, the claimant has already had diagnostic facet joint injection on the left at C4-C5 with good response. There is no indication for repeat left C4-C5 facet joint injection. Therefore the request is not medically necessary.

Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back and Neck, Cervical diagnostic facet blocks.

Decision rationale: CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. No more than two facet joint injections should be blocked in a single session. One set of blocks should be performed to determine if radiofrequency ablation might be expected to be successful. In this case, the claimant has already had diagnostic facet joint injection on the left at C3-C4 and C4-C5 with good response. There is no indication for repeat facet joint injection and therefore no indication for fluoroscopic guidance. Therefore the request is not medically necessary.

Conscious Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back and Neck, Cervical diagnostic facet blocks.

Decision rationale: CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. No more than two facet joint injections should be blocked in a single session. One set of blocks should be performed to determine if radiofrequency ablation might be expected to be successful. In this case, the claimant has already had diagnostic facet joint injection on the left at C3-C4 and C4-C5 with good response. There is no indication for repeat facet joint injection and therefore no indication for conscious sedation. Therefore the request is not medically necessary.