

Case Number:	CM15-0203188		
Date Assigned:	10/19/2015	Date of Injury:	06/18/2009
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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: Florida

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 61 year old male who sustained an industrial injury on 6-18-09. The injured worker reported pain in the neck with upper extremity numbness. A review of the medical records indicates that the injured worker is undergoing treatments for C5-6 and C6-7 severe disc degeneration, moderate stenosis with spinal cord compression, instability and C4-5, C5-6 and C6-7 severe left foraminal narrowing. Medical records dated 9-16-15 indicate constant neck pain rated at 3-4 out of 10 and arm numbness as 2-3 out of 10. Provider documentation dated 9-16-15 noted the work status as permanent and stationary. Treatment has included at least 6 session of acupuncture treatment, pain management, Tizanidine, Tramadol, Celebrex, Lyrica, magnetic resonance imaging, radiographic studies. Provider documentation dated 9-16-15 noted difficulty with activities of daily living, additionally noting "His medication regimen helps to make these activities easier to perform." Objective findings dated 9-16-15 were notable for tenderness to the lower cervical spine and bilateral trapezius, sensory to light touch and pinprick to the bilateral upper extremities. The original utilization review (10-8-15) denied a request for one facet block injection at C4-5, C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

One facet block injection at C4-5, C5-6 and C6-7: 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), Cervical spine chapter, updated June 25, 2015.

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 Chapter. Facet Steroid Injections, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: 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. Regarding this patient's case, facet joint injections are being requested at 3 levels (C4-C5, C5-C6, and C6-C7). ODG guidelines specifically state, "Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally." Likewise, this request does not satisfy ODG guidelines, and it is not medically necessary.