

Case Number:	CM15-0209414		
Date Assigned:	10/28/2015	Date of Injury:	04/11/2012
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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: 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 31-year-old male, who sustained an industrial injury on April 11, 2012. He reported injury to his lumbar spine, neck, chest and head. The injured worker was currently diagnosed as having cervical spine strain and sprain, lumbar spine strain and sprain, left knee sprain and strain and bilateral carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, epidural injections without improvement, discogram and physical therapy without benefit. On August 13, 2015, an MRI of the cervical spine showed mild straightening of normal lordotic curvature usually secondary to muscular spasm, mild narrowing of the left neural foramen at C4-C5 level and mild narrowing of the left neural foramen at C6-C7. On August 28, 2015, the injured worker complained of continued left-sided body pain including wrist, hand, low back, cervical spine and left knee. The pain was rated as an 8 on a 0-10 pain scale. Cervical spine objective findings included paraspinal tightness and spasms in the trapezius, sternocleidomastoid and strap muscles bilaterally. There was a positive foraminal compression test and positive Spurling's test. Range of motion was flexion 40 degrees, extension 50 degrees, rotation 65 degrees to the right and left and bending 30 degrees bilaterally. The treatment plan included cervical facet blocks at C2-C3 and C3-C4. On September 24, 2015, utilization review denied a request for C2-C3 and C3-C4 cervical facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

C2-C3 and C3-C4 cervical facet blocks: Upheld

Claims Administrator 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 and Upper Back, Facet joint therapeutic steroid injections.

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 (injections).

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, initial care & summary of recommendations, do 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 / Facet joint diagnostic blocks (injections), 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, stellate ganglion blocks, or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. In this case, the patient has radicular pain as evidenced by the positive foraminal compression test and positive Spurling's test. As the referenced guidelines do not recommend facet blocks, the determination is not medically necessary.