

Case Number:	CM15-0209926		
Date Assigned:	10/28/2015	Date of Injury:	09/04/2014
Decision Date:	12/10/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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: Arizona, California
 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 68 year old male, who sustained an industrial injury on 9-4-2014. The medical records indicate that the injured worker is undergoing treatment for cervical facet joint pain C5-C6 and C6-C7, cervical facet joint arthropathy, chronic neck pain, and shoulder pain. According to the progress report dated 9-30-2015, the injured worker presented with complaints of achy bilateral neck and shoulder pain. On a subjective pain scale, he rates his pain 6 out of 10. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles overlying the C5-C6 and C6-C7 facet joints. Cervical range of motion was restricted by pain in all directions. The current medications are Norco, Naproxen, Gabapentin, Tramadol, and Flexeril. Previous diagnostic studies include MRI of the cervical spine (12-1-2014). The treating physician described the MRI as "degenerative disc disease, facet joint arthropathy, and disc bulge." Treatments to date include medication management and physical therapy. Work status is described as not working. The original utilization review (10-21-2015) had non-certified a request for right C5-C6 and C6-C7 facet medial branch block with 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:

Right C5-C6 Facet Joint Medial Branch Block with Fluoroscopic Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, pg 36 and Other Medical Treatment Guidelines Pain Physician. 2012 Mar-Apr;15(2):E143-50, Complications of fluoroscopically directed facet joint nerve blocks: a prospective evaluation of 7,500 episodes with 43,000 nerve blocks, Manchikanti L1, Malla Y, Wargo BW, Cash KA, Pampati V, Fellows B.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet "medicated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medical branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back 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 facet joint levels are injected in one session (see above for medical branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 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 (including other agents such as midazolam) 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. In this case, the claimant has persistent pain despite undergoing conservative treatments. The claimant does not have radiculopathy by imaging, exam or nerve studies. Blocks are routinely performed under fluoroscopy. The request for the C5-C6 facet block is appropriate.

Right C6-C7 Facet Joint Medial Branch Block with Fluoroscopic Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, pg 36 and Other Medical Treatment Guidelines Pain Physician. 2012 Mar-Apr;15(2):E143-50, Complications of fluoroscopically directed facet joint nerve blocks: a prospective evaluation of 7,500 episodes with 43,000 nerve blocks, Manchikanti L1, Malla Y, Wargo BW, Cash KA, Pampati V, Fellows B.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medical branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back 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 facet joint levels are injected in one session (see above for medical branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 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 (including other agents such as midazolam) 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. In this case, the claimant has persistent pain despite undergoing conservative treatments. The claimant does not have radiculopathy by imaging, exam or nerve studies. Blocks are routinely performed under fluoroscopy. The request for the C6-C7 facet block is appropriate.

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) low back chapter and pg 36.

Decision rationale: According to the guidelines sedation is not recommended except in extreme case of anxiety. There was no indication of such concerns. In addition, sedation would not allow for accurate evaluation of the block. The request is not medically necessary.