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| Case Number: | CM15-0020320 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 09/12/2007 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported an injury on 09/12/2007. Mechanism of injury was lifting. On 12/02/2014, the injured worker presented with complaints of cervical spine pain, rated 7/10. His medications included tramadol and Flexeril. Physical examination revealed decreased range of motion of the cervical spine, moderate tenderness to palpation with spasm over the paravertebral musculature extending to the right trapezius, and tenderness to palpation over the facets from C3-6. Hid diagnoses were listed as cervical disc disease and cervical facet syndrome. The treatment plan included bilateral C4-6 medial branch blocks as the injured worker was noted to have facet pain on physical examination and facet arthropathy on MRI. Additionally, he has failed conservative treatment to include physical therapy, chiropractic treatment, medications, rest, and a home exercise program. It was noted that if the injured worker received more than 80% pain relief from the medial branch blocks, bilateral C4-6 medial branch rhizotomies would be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4 medial branch block qty:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2008, Low Back Complaints, pages 836-836.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Facet joint diagnostic blocks.

Decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques to include facet injections have no proven benefit in treating acute neck and upper back symptoms; however, many pain physicians believe that injections may help patients presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines state medial branch blocks are recommended prior to facet neurotomy. The criteria for use of these blocks include a clinical presentation consistent with facet joint pain, pain should be non radicular and at no more than 2 levels bilaterally, and there should be documentation of failure of conservative treatment to include home exercise, physical therapy, and NSAIDs for at least 4 to 6 weeks prior to the procedure. The request for medial branch blocks was previously noncertified as the injured worker had reported 65% improvement in symptoms after recent epidural steroid injections. Therefore, medial branch blocks at the same levels were found to be not medically necessary. However, the requesting provider indicated that at the time epidural steroid injections were recommended, the injured worker was having primarily radicular symptoms and at the time of the 12/02/2014 visit, he was having primarily axial neck pain without radiating symptoms. As the injured worker was noted to have axial neck pain without radiating symptoms, tenderness to palpation over the facets in question, decreased range of motion, and a normal neurological examination, his clinical presentation is consistent with facet joint pain. In addition, he was noted to have tried and failed an adequate course of conservative treatment to include physical therapy, home exercise, and medications. The documentation did indicate that rhizotomies would be considered with successful diagnostic medial branch blocks. For these reasons, the injured worker does meet the criteria for medial branch blocks up to 2 levels. Therefore, the request is medically necessary.

Bilateral C5 medial Branch Block qty: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2008, Low Back Complaints, pages 836-836.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Facet joint diagnostic blocks.

Decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques to include facet injections have no proven benefit in treating acute neck and upper back symptoms; however, many pain physicians believe that injections may help patients presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines state medial branch blocks are recommended prior to facet

neurotomy. The criteria for use of these blocks include a clinical presentation consistent with facet joint pain, pain should be non radicular and at no more than 2 levels bilaterally, and there should be documentation of failure of conservative treatment to include home exercise, physical therapy, and NSAIDs for at least 4 to 6 weeks prior to the procedure. The request for medial branch blocks was previously noncertified as the injured worker had reported 65% improvement in symptoms after recent epidural steroid injections. Therefore, medial branch blocks at the same levels were found to be not medically necessary. However, the requesting provider indicated that at the time epidural steroid injections were recommended, the injured worker was having primarily radicular symptoms and at the time of the 12/02/2014 visit, he was having primarily axial neck pain without radiating symptoms. As the injured worker was noted to have axial neck pain without radiating symptoms, tenderness to palpation over the facets in question, decreased range of motion, and a normal neurological examination, his clinical presentation is consistent with facet joint pain. In addition, he was noted to have tried and failed an adequate course of conservative treatment to include physical therapy, home exercise, and medications. The documentation did indicate that rhizotomies would be considered with successful diagnostic medial branch blocks. For these reasons, the injured worker does meet the criteria for medial branch blocks up to 2 levels. Therefore, the request is medically necessary.

Bilateral C6 medial branch block qty:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2008, Low Back Complaints, pages 836-836.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Facet joint diagnostic blocks.

Decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques to include facet injections have no proven benefit in treating acute neck and upper back symptoms; however, many pain physicians believe that injections may help patients presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines state medial branch blocks are recommended prior to facet neurotomy. The criteria for use of these blocks include a clinical presentation consistent with facet joint pain, pain should be non radicular and at no more than 2 levels bilaterally, and there should be documentation of failure of conservative treatment to include home exercise, physical therapy, and NSAIDs for at least 4 to 6 weeks prior to the procedure. The request for medial branch blocks was previously noncertified as the injured worker had reported 65% improvement in symptoms after recent epidural steroid injections. Therefore, medial branch blocks at the same levels were found to be not medically necessary. However, the requesting provider indicated that at the time epidural steroid injections were recommended, the injured worker was having primarily radicular symptoms and at the time of the 12/02/2014 visit, he was having primarily axial neck pain without radiating symptoms. As the injured worker was noted to have axial neck pain without radiating symptoms, tenderness to palpation over the facets in question, decreased range of motion, and a normal neurological examination, his clinical presentation is consistent with facet joint pain. In addition, he was noted to have tried and failed an adequate

course of conservative treatment to include physical therapy, home exercise, and medications. The documentation did indicate that rhizotomies would be considered with successful diagnostic medial branch blocks. For these reasons, the injured worker does meet the criteria for medial branch blocks up to 2 levels. Therefore, the request is medically necessary.