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| Case Number: | CM15-0023172 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 02/13/2014 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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

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 26-year-old female who sustained an industrial injury on 2/13/14. The injured worker reported symptoms in the shoulders and cervical spine. The diagnoses included degenerative disc disease cervical spine. Treatments to date include oral pain medications. In a progress note dated 12/8/14 the treating provider reports the injured worker was with "pain with radiation." On 1/6/15 Utilization Review non-certified the request for cervical facet medial branch block at C4-C5, C5-C6 right side. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet medial branch block at C4-C5, C5-C6 right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines TWC, Neck, Facet diagnosis blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, Diagnostic Facet Blocks and Facet Joint Injections.

Decision rationale: This patient presents with constant neck pain that radiates to her right shoulder. The treater requests cervical facet medial branch block at C4-C5, C5-C6 right side, per report dated 12/29/14. Work status as of 12/09/14: Patient is employed and current job involves moderate physical activity. ODG guidelines have the following regarding facet joint signs and symptoms: "C-spine facet: 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). "Treater has not provided reason for the request. Patient presents with "constant pain that radiates to her right shoulder" and has also been diagnosed with "cervical radicular pain." Facet joint injections are "limited to patients with cervical pain that is non-radicular," according to ODG. There is no clear documentation of facet joint pain with physical examination findings to warrant the procedure. Furthermore, ODG states "initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks." This patient reports that the 12/15/14 injection "did not help." The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.