

Case Number:	CM15-0026932		
Date Assigned:	02/19/2015	Date of Injury:	12/03/1996
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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 December 3, 1996. He has reported a cumulative trauma injury to the neck. His diagnoses include cervical spondylosis without myelopathy, migraines, myalgias and myositis, chronic facet arthropathy, neck pain, chronic occipital headache, occipital neuralgia, and chronic pain syndrome. His problems list includes cervical radiculopathy and brachial neuritis. He has been treated with trigger point injections, home exercise program, physical therapy, acupuncture, chiropractic care, and medications including antidepressant, analgesic, non-steroidal anti-inflammatory, and muscle relaxant. On June 4, 2014, he underwent cervical facet injection at bilateral cervical 2-cervical 3, cervical 3-cervical 4, and cervical 4-cervical 5. On January 15, 2015, his treating physician reports moderate, dull aching neck pain, which is unchanged. The pain is in the bilateral head, bilateral lateral neck, and bilateral posterior neck without radiation. His medications help the pain. Current medications include an antidepressant, analgesic, and a muscle relaxant. The physical exam revealed moderately decreased cervical range of motion and normal sensory and sensation. The treatment plan includes radiofrequency cervical medial branch blocks. On January 30, 2015 Utilization Review non-certified a request for radiofrequency cervical medial branch block 1st level and 2nd level and subsequent levels C2, C3, TON and bilaterally, noting the lack of evidence of recent successful medial branch blocks, and cervical facet procedures are limited to patients with neck pain that is non-radicular and at no more than two levels. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency cervical medial branch block 1st level & 2nd level and subsequent levels C2, C3, TON and bilaterally: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Criteria for use of cervical facet radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck pain chapter and medial branch blocks

Decision rationale: According to the ODG guidelines, medial branch blocks should be performed for diagnostic purposes prior to facet neurotomies (which is planned for the claimant) The criteria is as follows: 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. In this case, the claimant has not had a fusion, has failed conservative treatment, and only 2 levels are requested at a time. As a result, there request is appropriate and medically necessary.