

Case Number:	CM15-0216714		
Date Assigned:	11/06/2015	Date of Injury:	04/13/2001
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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: North Carolina
 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 67 year old female, who sustained an industrial injury on 4-13-01. The injured worker is diagnosed with, neck pain, cervical radiculopathy, facet arthropathy, chronic pain, migraines, tension headache and occipital neuralgia. Notes dated 7-11-15, 8-17-15 and 9-22-15 reveals the injured worker presented with complaints of constant, moderate neck pain that can radiate into her head (and vice-a-versa) described as sharp and rated at 5-6 out of 10. She reports frequent, lingering headaches and waking during the night with eye pain and blurry vision. She reports her sleep is affected due to the pain and she is experiencing difficulty engaging in physical activity and household chores as well as decreased energy. Physical examinations dated 7-11-15 and 8-17-15 revealed "exquisite tenderness over the lateral masses of C3 bilaterally," "exquisite occipital tenderness and tenderness at the super-medial border of the scapula." Cervical spine range of motion is decreased. Treatment to date has included pain management, medication provides moderate pain relief per note dated 8-17-15 and surgery-anterior discectomy with internal fixation. Diagnostic studies include cervical spine CT scan revealed anterolisthesis C2-C3, osteopenia, degenerative disc disease at C2-C3 and C3-C4. A request for authorization dated 9-24-15 for cervical medial branch block is non-certified, per Utilization Review letter dated 10-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block: 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, Neck and Upper Back (Acute and Chronic) Facet Joint Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch block.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%; 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy; 4. No more than 2 joint levels are injected in 1 session; 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria cited above have not been met in the clinical documentation as the patient has radicular pain symptoms on exam and the level of block is not specified and therefore the request is not medically necessary.