

Case Number:	CM15-0216836		
Date Assigned:	11/06/2015	Date of Injury:	04/22/2013
Decision Date:	12/23/2015	UR Denial Date:	09/30/2015
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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 48 year old female, who sustained an industrial injury on 04-22-2013. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, pain in limb, reflex sympathetic dystrophy of upper limb and cervicgia. In a progress note dated 06-22-2015, the worker was noted to have had obvious improvement in functionality with use of Gabapentin but was noted to have an exacerbation of pain due to running out of Nortriptyline. Medial branch block request was noted to have been denied although the physician noted it was clearly documented that the worker had no radicular pain and negative Spurling's but positive facet loading, thus evident facet mediated pain. Subjective findings (08-19-2015 and 09-18-2015) included improvement of ongoing cervical pain after stellate ganglion block x3 with > 50% improvement noted. Current pain was rated as 3-5 out of 10. The worker was also status post 6 sessions of physical therapy with 20% improvement noted. Objective findings (06-22-2015, 08-19-2015 and 09-18-2015) included restricted range of motion of the cervical spine, tenderness at the trapezius, 2+ spasm with twitch response bilaterally, positive facet loading and positive facet loading bilaterally at C6-C7. Treatment has included Amitriptyline, Orphenadrine, Topamax, stellate ganglion block, surgery and physical therapy. The physician noted that a request for C6-C7 medial branch block was being made due to findings of positive facet loading with history of facet mediated. A utilization review dated 09-30-2015 non-certified a request for bilateral (cervical) C6-C7, medial branch block, Qty 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral (cervical) C6-C7, medial branch block, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Facet joint therapeutic steroid injections.

Decision rationale: Facet joint therapeutic steroid injections are not recommended. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of patients (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case the median branch block is being requested for therapeutic purposes i.e. pain relief. Therapeutic injections are not recommended. The request is not medically necessary.