

Case Number:	CM15-0222062		
Date Assigned:	11/17/2015	Date of Injury:	09/01/1994
Decision Date:	12/24/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69 year old female sustained an industrial injury on 9-1-94. Documentation indicated that the injured worker was receiving treatment for ongoing neck pain, status post cervical fusion (2009). In a PR-2 dated 8-13-15, the injured worker complained of ongoing pain at the base of her cervical spine on the left. The injured worker had been prescribed pain medications but had taken them only once because she "did not tolerate and was concerned about the reaction with the other medications she had been taking". Previously recommended computed tomography cervical spine had not been performed yet. In a PR-2 dated 9-10-15, the injured worker complained of ongoing pain the base of her skull and left side of the neck. Physical exam was remarkable for tenderness to palpation at left C2-3 and C3-4. Palpation of that area reproduced headaches. The injured worker also had pain on extension and rotation of the cervical spine with intact motor strength testing. The physician stated that it was his opinion that her symptoms were emanating primarily from facet-mediated pain. If a facet block at C2-3 resolved the injured worker's pain, than consideration for rhizotomy should be made. If there were no resolution of pain after facet block at C3-4, the diagnosis of pseudoarthrosis at C3-4 junction would be confirmed. The physician recommended diagnostic facet blocks at left C2-3 and C3-4. On 10-22-15, Utilization Review non-certified a request for left sided cervical facet block at C2-C3, third occipital nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided cervical facet block C2-C3/third occipital nerve: 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 (ODG), Neck and Upper Back Chapter - Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck section / Facet joint diagnostic blocks (injections).

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, initial care & summary of recommendations, does not recommend facet injection of corticosteroids or diagnostic blocks in the cervical spine. As the guidelines do not recommend facet blocks, the determination is for non-certification. ODG-TWC, neck section / Facet joint diagnostic blocks (injections), notes that facet joint diagnostic blocks are recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. 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). 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, stellate ganglion blocks, or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. As the referenced guidelines do not recommend facet blocks, the block is not medically necessary and thus the determination is for non-certification.