

Case Number:	CM15-0030948		
Date Assigned:	02/24/2015	Date of Injury:	04/17/2013
Decision Date:	04/08/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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:

This 45 year old male sustained an industrial injury on 4/17/13, with subsequent ongoing neck, back and bilateral upper extremity and lower extremity pain. Magnetic resonance imaging lumbar spine showed broad based disc herniation at L5-S1. Magnetic resonance imaging cervical spine showed degenerative joint disease. Current treatment included transcutaneous electrical nerve stimulator unit, biofeedback and medications. In a follow up visit note dated 12/31/14, the injured worker complained of worsening neck, back and bilateral upper extremity and lower extremity pain rated 8/10 on the visual analog scale. Physical exam was remarkable for cervical spine with restricted range of motion, positive Spurling's maneuver and positive cervical facet loading bilaterally, lumbar spine with restricted range of motion, tenderness to palpation to the paravertebral muscles and spinous process, positive lumbar facet loading bilateral and straight leg raise positive bilaterally. Motor testing showed 3-4/5 strength to bilateral lower extremities with decreased sensation over the left lateral forearm and hyperesthesia to the left medial and lateral calf. Current diagnoses included cervicgia, lumbar spine radiculitis and chronic pain syndrome. The treatment plan included continuing medications (Gabapentin, Norco, Butrans, Cymbalta and cyclobenzaprine) and requesting authorization for a facet injection. On 1/19/15, Utilization Review noncertified a request for 1 Median Branch Block Injection noting lack of documentation of significant abnormalities within the facet joints and citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Median Branch Block Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, Low Back Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with neck pain, lower back pain, bilateral upper extremity pain, and bilateral lower extremity pain rated 8/10. The patient's date of injury is 04/17/13. Patient has no documented surgical history directed at this complaint/ the request is for MEDIAL BRANCH BLOCK INJECTION. The RFA was not provided. Physical examination dated 12/31/14 reveals loss of cervical range of motion, positive Spurling's test bilaterally, positive cervical facet loading, and decreased sensation to the left forearm. Lumbar examination reveals tenderness to palpation of the bilateral lumbar paraspinal muscles, positive lumbar facet loading, positive straight leg raise test bilaterally and decreased sensation of the left medial/lateral calf. The patient is currently prescribed Cyclobenzaprine, Gabapentin, Pantoprazole, Hydrocodone, Butrans, Cymbalta, Cetirzine, and Lisinopril. Diagnostic imaging included lumbar and cervical X-rays dated 08/20/14. Cervical X-ray findings are unremarkable, lumbar X-ray significant findings include: "Mild anterior listhesis with disc space narrowing." Progress noted dated 12/31/14 discusses undated cervical MRI noting "cervical spine MRI: degenerative joint disease is noted." This MRI was not included for review. Patient is classified as temporarily totally disabled. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "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. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. 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. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." In regards to the request for what appears to be a diagnostic left cervical facet block injection at C6/C7 and C7-T1, the patient does not meet ODG criteria for such an injection. Documentation provided does not indicate that this patient has prior facet joint injections or fusions at the requested levels.

There is no evidence that this patient is anticipating surgical intervention. Progress report dated 12/31/14 reveals that the patient has undergone NSAID and opiate medication therapy with no relief, and notes that this diagnostic injection is to be followed by radiofrequency ablation should benefits be achieved. However, progress note dated 12/31/14 documents pain cervical pain which radiates into the bilateral upper extremities past the shoulders, and also documents positive neurological findings in the left upper extremity. ODG does not support the use of facet injections if the patient presents with pain which radiates beyond the shoulders, or in patients with documented neurological deficit. Therefore, the request IS NOT medically necessary.