

<b>Case Number:</b>	CM15-0033832		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Massachusetts Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 50 year old male, who sustained an industrial injury on July 2, 2010. He has reported neck pain, low back pain and left knee pain with associated left shin numbness. The diagnoses have included degenerative disc disease of the cervicothoracic spine, cervical spondylosis, stenosis and radiculopathy, status post patellar stabilization procedure, left knee in 1988, status post arthroscopic partial medial meniscectomy, chondroplasty, left knee in 2010 and degenerative joint disease of the left knee. Treatment to date has included radiographic injury, diagnostic studies, surgical interventions of the left knee, conservative therapies, steroid injections, pain medications, psychiatric evaluation and work restrictions. Currently, the IW complains of neck pain, low back pain and left knee pain and left shin numbness. The injured worker reported an industrial injury in 2010, resulting in chronic left knee pain. He has been treated with conservative and invasive therapies and surgical interventions without resolution of the pain. Evaluation on May 12, 2011, revealed continued pain, he was noted to complete post-operative physical therapy and to receive a steroid injection, both of which provided only temporary benefit. He reported the pain to interfere with activities of daily living and social interactions. He reported depression and anxiety secondary to the chronic pain and fear of the pain being persistent. Evaluation on November 26, 2014, revealed increasing neck pain, severe in nature. Conservative therapies had failed. Pain medications were renewed. On February 5, 2015, Utilization Review non-certified a request for One cervical facet block bilateral C4-C5 and One cervical facet block bilateral C5-C6, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of requested One cervical facet block bilateral C4-C5 and One cervical facet block bilateral C5-C6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One cervical facet block bilateral C4-C5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Neck/Upper back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Acute and Chronic, Facet Injections.

**Decision rationale:** Criteria for the use of diagnostic blocks for facet mediated 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 last at least 2 hours for Lidocaine. 2. Limited to injured workers with low-back 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 facet 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. 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 (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The injured worker 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 injured worker 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 injured workers in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] According to the documents available for review, the injured worker appears to have primarily radicular pain with a diagnosis of cervical neuroforaminal stenosis by MRI. The symptoms are not consistent with cervical facet mediated pain. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

### **One cervical facet block bilateral C5-C6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck/Upper back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Acute and Chronic, Facet Injections.

**Decision rationale:** Criteria for the use of diagnostic blocks for facet mediated 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 last at least 2 hours for Lidocaine. 2. Limited to injured workers with low-back 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 facet 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. 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 (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The injured worker 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 injured worker 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 injured workers in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] According to the documents available for review, the injured worker appears to have primarily radicular pain with a diagnosis of cervical neuroforaminal stenosis by MRI. The symptoms are not consistent with cervical facet mediated pain. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.