

Case Number:	CM15-0041874		
Date Assigned:	03/12/2015	Date of Injury:	08/08/2013
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation, 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 45 year old female, who sustained an industrial injury on 8/8/13. She reported right sided neck pain with radiation to left lateral arm, low back pain with radiation to left leg. The injured worker was diagnosed as having cervical spondylosis; chronic neck, low back, left arm pain; spondylosis without myelopathy lumbar; degenerative disc disease cervical; lumbar degenerative disc disease; lumbago; disorders of the sacrum; mood disorder other Disease; insomnia NOS. Treatment to date has included chiropractic care (x24); Left Sacroiliac joint injections with 60% relief (6/23/14); MRI lumbar spine (2/18/14); Left L5 transforaminal epidural steroid injection with 75% relief (8/18/14). Currently, the injured worker complains of pain in the neck, right more than the left with radiation of pain to left arm and low back pain. The injured worker is complaining both areas of pain are returning and would like to repeat the prior injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical medial block single: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for chronic neck and arm pain. The requesting provider documents positive cervical facet loading with a normal upper extremity neurological examination. Prior treatments have been extensive including physical therapy, medications, and chiropractic care. Facet joint diagnostic blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. No more than two joint levels are to be injected in one session. In this case, the claimant has failed treatment with medication and physical therapy. The number of medial branch blocks is within guideline recommendations and therefore medically necessary.

1 Cervical medial block block additional: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for chronic neck and arm pain. The requesting provider documents positive cervical facet loading with a normal upper extremity neurological examination. Prior treatments have been extensive including physical therapy, medications, and chiropractic care. Facet joint diagnostic blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. No more than two joint levels are to be injected in one session. In this case, the claimant has failed treatment with medication and physical therapy. The number of medial branch blocks is within guideline recommendations and therefore medically necessary.

1 Moderate sedation and fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for chronic neck and arm pain. The requesting provider documents positive cervical facet loading with a normal upper extremity neurological examination. Prior treatments have been extensive including physical therapy, medications, and chiropractic care. The claimant has also undergone interventional procedures for the lumbar spine, done without use of conscious sedation. In general, patients should be relaxed during this procedure. A patient with significant muscle contractions or who moves during the procedure makes it more difficult technically and increases the risk associated with this type of injection. On the other hand, patients need to be able to communicate during the procedure to avoid potential needle misplacement which could have adverse results. In this case there is no documentation of a medically necessary reason for monitored anesthesia during the procedure being requested. There is no history of movement disorder or poorly controlled spasticity such as might occur due to either a spinal cord injury or stroke. There is no history of severe panic attacks or poor response to the prior injections which were done without conscious sedation. Therefore, the requested moderate sedation is not considered medically necessary.