

Case Number:	CM15-0047387		
Date Assigned:	03/19/2015	Date of Injury:	01/20/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 59-year-old female who sustained a work related injury January 20, 2012, while in a motor vehicle accident. She was t-boned on the driver's side, by another driver. She had burning, throbbing, and aching pain, on the right side more than left, with radiation down the right arm with numbness at the thumb, fourth, and fifth digits. Over the course of care, imaging studies revealed significant facet arthropathy and degenerative disc changes, and she has received trigger point injections and physical therapy. According to a primary treating physician's progress report dated December 17, 2014, the injured worker presented for follow-up, with continued neck and upper extremity pain, rated 8/10 without medication and 4/10 with medication. The lower back pain is documented as better with a recent medial branch block, which did help lower the pain 80%. Diagnoses included cervical pain/cervicalgia; lumbago, low back pain; pain, shoulder joint. Treatment plan included prescriptions for medication, urine creatinine, routine performed and requests for continued treatment of cervical spine with medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MEDIAL BRANCH BLOCK, C3-C7, BILATERAL 64490, 64491, 64492:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medial branch blocks, ODG.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. In addition, more than 2 levels at a time are not recommended. Therefore, criteria have not been met and the request is not medically necessary.