

Case Number:	CM15-0050154		
Date Assigned:	03/23/2015	Date of Injury:	09/06/1988
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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:

The injured worker is a 73 year old male, who sustained an industrial injury on 09/06/1988 reported neck and back pain. On provider visit dated 02/09/2015 the injured worker has reported neck and back pain. On examination of neck bilateral cervical facet tenderness and painful range of motion. There was pain noted on flexion and extension of lumbar area and lumbar facet tenderness was noted as well. The diagnoses have included lumbar spondylosis, lumbar degenerative disk disease, cervical spondylosis, and cervical degenerative disk. Treatment to date has included medication and cervical MRI. The provider requested left cervical facet block injections for ongoing neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Facet Block at C3-C4, C4-, C5-C6 x 2 injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck & Upper Back Procedures.

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 (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with neck and back pain. The request is for LEFT CERVICAL FACET BLOCK AT C3-C4, C4-C5, C5-C6 X2 INJECTIONS. The request for authorization is not dated. The patient is status-post right lumbar radiofrequency, 10/02/14 and left lumbar radiofrequency, 08/01/14. He still continues to have significant amount of neck pain on the LEFT as well as on the right, which affects his life on a daily and significant basis. Physical examination of the neck reveals bilateral cervical facet tenderness. Range of motion is painful in the neck. Straight leg raise is negative bilaterally. Patient's medications include Hydrocodone and Baclofen. The patient's work status is not provided. ODG-TWC, Neck and Upper Back (Acute & Chronic) 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 (see above for medial branch block levels). 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 severely 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." Per progress report dated, 02/09/15, treater's reason for the request is "for ongoing neck pain, which is extremely disabling." In this case, the patient presents with physical examination findings of tenderness to palpation over the facet region and decreased range of motion. And the patient continues with neck pain that is non-radicular with no neurologic findings. However, the request is for 3 joint levels x2 injections. Treater does not explain why the injection needs to be done twice, and there is no guideline support for more than two level injections or for two such injections. Therefore, the request IS NOT medically necessary.