

Case Number:	CM15-0051088		
Date Assigned:	03/24/2015	Date of Injury:	07/26/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
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: New Jersey

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:

This 53 year old female sustained an industrial injury to the cervical spine and right upper extremity on 7/26/13. Previous treatment included magnetic resonance imaging and medications. In a PR-2 dated 2/17/15, the injured worker complained of neck pain with radiation down the right upper extremity to her fingers and into her right shoulder associated with numbness and pins and needles. The injured worker rated her pain at 8/10 on the visual analog scale and stated that her symptoms were worsening. Physical exam was remarkable for mild tenderness to palpation about the cervical spine at C3-4 and C4-5 with positive facet loading, limited range of motion and an area of swelling over the right scale muscles and right hand with decreased sensation at the C6-8 distribution. Current diagnoses included cervical spine radiculopathy, complex regional pain syndrome, status post cervical fusion and adjacent right segment disease at C3-4 and C4-5. The treatment plan included right cervical medial branch block C3-4 and C4-5 and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical medial branch block C3-4 and C4-5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter, Facet joint pain, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back section, facet joint diagnostic blocks.

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection, and 12. Facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis. In the case of this worker, there is evidence of facet arthropathy and facet-based pain based on imaging and physical examination. There is also significant and prominent evidence for cervical radiculopathy, which is the major source of her pain it appears. The previous reviewer suggested that the diagnostic blocks requested would only delay the main treatment (surgery) for the radiculopathy. However, since the worker is trying to avoid as much surgery as possible, the attempt to at least reduce part of her pain with efforts to reduce the facet pain is reasonable. Although it is likely not to reduce pain levels sufficiently to warrant a rhizotomy procedure, in the opinion of this reviewer, it is reasonable and medically necessary to attempt one right cervical medial branch block at C3-4 and another at C4-5 as requested, with few other options available at this progressed stage of her chronic pain. Therefore, this request is medically necessary.