

Case Number:	CM15-0066633		
Date Assigned:	04/14/2015	Date of Injury:	07/02/2010
Decision Date:	09/23/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/08/2015

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 51-year-old male, who sustained an industrial injury on 07/02/2010. Initial complaints and diagnosis were not clearly documented. On provider visit dated 03/09/2015 the injured worker has reported lumbar and cervical spine pain. On examination of the cervical spine revealed a decreased range of motion. Lumbar spine also revealed a decreased range of motion. The diagnoses have included chronic cervical radicular pain, mostly on the left side, moderately on the right side with numbness, tingling, paresthesias, weakness and hand drops. Additional diagnoses were noted as significant paracervical tenderness without myofascial banding, suggestive of cervical spondylosis and facet mediated pain, secondary to facet joint arthrosis and chronic lumbar pain. Treatment to date has included therapy, medication, and injections. The provider requested right and left medial branch blocks on right and left C4-C5, C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C5 Medical Branch Block, performed on March 9, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: According to the ACOEM Practice Guidelines, invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines states that facet joint diagnostic blocks are 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. Criteria for the use of diagnostic blocks for facet nerve pain include a clinical presentation that should be consistent with facet joint pain, signs & symptoms. The patient is diagnosed with chronic cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops in addition to paracervical tenderness without myofascial banding, suggestive of cervical spondylosis and facet mediated pain, secondary to facet joint arthrosis and chronic lumbar pain. Treatment to date includes therapy, medication, and injections. Regarding the requested diagnostic cervical medial branch block, the patient does not meet guideline criteria. Guidelines require a lack of radicular pain in the upper extremities prior to a cervical medial branch block. However, the patient is diagnosed with cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops. Furthermore, the Official Disability Guidelines state that no more than 2 joint levels are injected in one session. In this case, the request is for a medical branch block at three levels: C4- C5, C5-C6, and C6-C7, which is not indicated by guidelines. Given the information provided, the request is not medically necessary.

Left C4-C5 Medical Branch Block, performed on March 9, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: According to the ACOEM Practice Guidelines, invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines states that facet joint diagnostic blocks are 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. Criteria for the use of diagnostic blocks for facet nerve pain include a clinical presentation that should be consistent with facet joint pain, signs & symptoms. The patient is diagnosed with chronic cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops in addition to paracervical tenderness without myofascial banding, suggestive of cervical spondylosis and facet mediated pain, secondary to facet joint arthrosis and chronic lumbar pain. Treatment to date includes therapy, medication, and injections. Regarding the requested diagnostic cervical medial branch block, the patient does not meet guideline criteria. Guidelines require a lack of radicular pain in the upper extremities prior to a cervical medial branch block. However, the patient is diagnosed with cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops. Furthermore, the Official Disability Guidelines state that no more than 2 joint levels are injected in one session. In this case, the request is for a medical branch block at three levels: C4- C5, C5-C6, and C6-C7, which is not indicated by guidelines. Given the information provided, the request is not medically necessary.

Right C5-C6 Medical Branch Block, performed on March 9, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: According to the ACOEM Practice Guidelines, invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines states that facet joint diagnostic blocks are 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. Criteria for the use of diagnostic blocks for facet nerve pain include a clinical presentation that should be consistent with facet joint pain, signs & symptoms. The patient is diagnosed with chronic cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops in addition to paracervical tenderness without myofascial banding, suggestive of cervical spondylosis and facet mediated pain, secondary to facet joint arthrosis and chronic lumbar pain. Treatment to date includes therapy, medication, and injections. Regarding the requested diagnostic cervical medial branch block, the patient does not meet guideline criteria. Guidelines require a lack of radicular pain in the upper extremities prior to a cervical medial branch block. However, the patient is diagnosed with cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops. Furthermore, the Official Disability Guidelines state that no more than 2 joint levels are injected in one session. In this case, the request is for a medical

branch block at three levels: C4-C5, C5-C6, and C6-C7, which is not indicated by guidelines. Given the information provided, the request is not medically necessary.

Left C5-C6 Medical Branch Block, performed on March 9, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: According to the ACOEM Practice Guidelines, invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines states that facet joint diagnostic blocks are 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. Criteria for the use of diagnostic blocks for facet nerve pain include a clinical presentation that should be consistent with facet joint pain, signs & symptoms. The patient is diagnosed with chronic cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops in addition to paracervical tenderness without myofascial banding, suggestive of cervical spondylosis and facet mediated pain, secondary to facet joint arthrosis and chronic lumbar pain. Treatment to date includes therapy, medication, and injections. Regarding the requested diagnostic cervical medial branch block, the patient does not meet guideline criteria. Guidelines require a lack of radicular pain in the upper extremities prior to a cervical medial branch block. However, the patient is diagnosed with cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops. Furthermore, the Official Disability Guidelines state that no more than 2 joint levels are injected in one session. In this case, the request is for a medical branch block at three levels: C4- C5, C5-C6, and C6-C7, which is not indicated by guidelines. Given the information provided, the request is not medically necessary.

Right C6-C7 Medical Branch Block, performed on March 9, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: According to the ACOEM Practice Guidelines, invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines states that facet joint diagnostic blocks are 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. Criteria for the use of diagnostic blocks for facet nerve pain include a clinical presentation that should be consistent with facet joint pain, signs & symptoms. The patient is diagnosed with chronic cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops in addition to paracervical tenderness without myofascial banding, suggestive of cervical spondylosis and facet mediated pain, secondary to facet joint arthrosis and chronic lumbar pain. Treatment to date includes therapy, medication, and injections. Regarding the requested diagnostic cervical medial branch block, the patient does not meet guideline criteria. Guidelines require a lack of radicular pain in the upper extremities prior to a cervical medial branch block. However, the patient is diagnosed with cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops. Furthermore, the Official Disability Guidelines state that no more than 2 joint levels are injected in one session. In this case, the request is for a medical branch block at three levels: C4- C5, C5-C6, and C6-C7, which is not indicated by guidelines. Given the information provided, the request is not medically necessary.

Left C6-C7 Medical Branch Block, performed on March 9, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: According to the ACOEM Practice Guidelines, invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines states that facet joint diagnostic blocks are 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. Criteria for the use of diagnostic blocks for facet nerve pain include a clinical presentation that should be consistent with facet joint pain, signs & symptoms. The patient is diagnosed with chronic cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops in

addition to paracervical tenderness without myofascial banding, suggestive of cervical spondylosis and facet mediated pain, secondary to facet joint arthrosis and chronic lumbar pain. Treatment to date includes therapy, medication, and injections. Regarding the requested diagnostic cervical medial branch block, the patient does not meet guideline criteria. Guidelines require a lack of radicular pain in the upper extremities prior to a cervical medial branch block. However, the patient is diagnosed with cervical radicular pain with numbness, tingling, paresthesias, weakness and hand drops. Furthermore, the Official Disability Guidelines state that no more than 2 joint levels are injected in one session. In this case, the request is for a medial branch block at three levels: C4- C5, C5-C6, and C6-C7, which is not indicated by guidelines. Given the information provided, the request is not medically necessary.