

Case Number:	CM14-0180100		
Date Assigned:	11/04/2014	Date of Injury:	11/07/2013
Decision Date:	12/16/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported an injury on 11/07/2013 while he attempted to pull a roller door from a trailer down to close the door, the strap from the door was stuck, and this cause the injured worker to fall backwards from a height of about 5 feet to the asphalt. The back of his head hit the asphalt and he stated he lost consciousness for a short time. The diagnoses included a C5-6 disc degeneration, bilateral cervical radiculopathy, right shoulder impingement with AC joint arthritis, left shoulder contusion with mild bursitis, grade 1 spondylolisthesis at the L4-5, right leg radiculopathy, L4-5 foraminal stenosis, closed head injury, post-traumatic headaches, constipation requiring disimpaction secondary to narcotics, and post-traumatic seizure disorder. Medication included Anaprox, Imitrex, Norco, and Protonix. Prior diagnostics included a CT of the head, however documentation was not provided. The CT of the head dated 05/23/2014 revealed negative findings. The injured worker rated his pain at 5/10 with medication and a 6/10 to 8/10 without medication, using the VAS (visual analog scale). The objective findings dated 09/15/2014 of the cervical spine revealed tenderness to palpation over the left greater than right cervical paraspinal musculature. There was tenderness over the left greater than right on the trapezius musculature and tenderness over the left greater than right interscapular space. Sensory was with decreased sensation over the left C5-T1 dermatome distribution. Range of motion was flexion at 5 degrees and extension at 5 degrees and a negative Hoffman's. Examination of the lumbar spine and lower extremities revealed antalgic gait. Tenderness to palpation over the midline lower lumbar spine with right greater than left at the sacroiliac joint and sciatic notch. Dorsalis pedis, posterior tibial pulses were within normal limits. Decreased sensation over the right L3-4, L5, and left S1 dermatome distribution. Range of motion was 16 degrees and extension was 12 degrees. Prior treatments included physical therapy, medication, and pain management procedure. The treatment plan

included an AP (anterior/posterior) fusion with cage at the L4-5 that included a back brace, pneumatic intermittent compression device, postoperative physical therapy, postoperative clearance and a chest x-ray, and a facet block to the C5-6. The request for authorization dated 11/04/2014 was submitted within documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks C5-6: Upheld

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

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 Complaint: Facet joint diagnostic blocks

Decision rationale: The request for facet blocks C5-6 is not medically necessary. The Official Disability Guidelines indicate that the criteria for facet blocks include the following: limited to patients with cervical pain that is nonradicular, and at no more than 2 levels bilaterally. There is a documentation failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. No more than 2 joint levels are injected at 1 session. Recommended volume no more than 0.5 cc of injection is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. No pain medication from home should be given at least 4 hours prior to the diagnostic blocks and for 4 hours afterwards. IV sedation may be grounds to negate the results of the diagnostic block. Patient should have documented pain relief with instructions such as a VAS, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. Diagnostic blocks should be performed in patients with whom surgical procedure is anticipated. Diagnostic facet blocks should be performed in patients who have had a previous fusion procedure at the planned injection level. It is currently not recommended to perform facet blocks the same day of treatment as epidural steroid injections or stellate ganglion blocks, or sympathetic block or trigger block injections that may lead to improper diagnosis or unnecessary treatment. The documentation indicated that the sensory examination of the upper extremities were intact to the medial, ulnar, and radial nerves. Radial pulses to the upper extremities revealed a 4/5 to the shoulder, elbow, and a 5/5 to the wrist. The finger and thumb bilaterally were 4/5. The clinical notes indicated that the injured worker had failed conservative care; however, no documentation was provided for physical therapy. Additionally, the diagnosis stated that the injured worker has bilateral cervical radiculopathy. As such, the request is not medically necessary.