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| Case Number: | CM14-0180829 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 11/02/2012 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 46-year-old female presenting with a work-related injury on November 2, 2012. The injured worker was diagnosed with cervical, thoracic and lumbar spine strain, cervical radicular syndrome, right lumbar radiculopathy, and bilateral shoulder girdle strain. The injured worker has tried physical therapy often on with some improvement noted to be short-lived. The injured worker has also tried a transcutaneous electrical nerve stimulator, oral non opiate medication and ice at home. The injured worker also reports significant comorbid mood issues with anxiety. Stress disorder. The injured worker has trialed several psychotropic medications including fluoxetine, bupropion XL, Risperidone, Effexor XR, Alprazolam, Temazepam, and Lorazepam. The injured worker received epidural steroid injections for cervical spine and reported significant benefit. The injured worker started complaining of Mark increasing back pain in September 2013. The physical exam showed low back feel pain with no signs of radicular findings. On that day the injured worker was diagnosed with facet arthropathy. A claim was made for cervical medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5 Cervical Medial Branch Block with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet 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 Extremity Complaints, Treatment Considerations

Decision rationale: Right C5 Cervical Medial Branch Block with Fluoroscopic Guidance is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with back pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may be clouded indicate the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. There is lack of documentation of physical exam and imaging demonstrating facet pain. Additionally there is lack of documentation that the injured worker had failed an adequate trial of conservative therapy including NSAIDs and 6 weeks of physical therapy; therefore the request is not medically necessary.

Right C6 Cervical Medial Branch Block with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet 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, Extremity Complaints, Treatment Consideration.

Decision rationale: Right C6 Cervical Medial Branch Block with Fluoroscopic Guidance is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with back pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may be clouded indicate the result of the diagnostic block, and should only be given in cases of

extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. There is lack of documentation of physical exam and imaging demonstrating facet pain. Additionally there is lack of documentation that the injured worker had failed an adequate trial of conservative therapy including NSAIDs and 6 weeks of physical therapy; therefore the service is not medically necessary.

Right C7 Cervical Medial Branch Block with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet 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 Extremity Complaints, Treatment Consideration

Decision rationale: Right C7 Cervical Medial Branch Block with Fluoroscopic Guidance is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with back pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may be clouded indicate the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. There is lack of documentation of physical exam and imaging demonstrating facet pain. Additionally there is lack of documentation that the injured worker had failed an adequate trial of conservative therapy including NSAIDs and 6 weeks of physical therapy; therefore the service is not medically necessary.