MAXIMUS Federal Services

Case Number:	CM15-0006355		
Date Assigned:	01/26/2015	Date of Injury:	04/06/2009
Decision Date:	03/26/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona
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 40-year-old male with a reported date of injury of 04/06/2009; the mechanism of injury was not provided for review. The diagnoses include degenerative disc disease of the spine. The treatment options completed thus far were shown to include left C4-5, C5-6, and C6-7 facet injections, right C4-5, C5-6, and C6-7 facet injection performed on 11/05/2014, selective nerve root block at C2-3 performed on 04/09/2014, and Norco. Diagnostic studies included an MRI performed on 09/04/2013, which was noted to show protrusion of 3 mm at the C4-5, C5-6, and C6-7 levels. Additionally, a CT scan was noted to be consistent with C2-3 stenosis. The clinical note dated 11/24/2014 noted the patient was being seen for complaints of axial neck pain, right side worse than left. It was noted that the prior right C4-5, C5-6, and C6-7 facet joint injection performed on 11/05/2014 provided 3 days of relief. On physical examination, it was noted the patient had tenderness over the right C4-5, right C5-6, and right C6-7 facet joints. It was also noted that there was restricted range of motion with right lateral bending and diminished range of motion of the right C4-5, C5-6, and C6-7 facet joints. Under the treatment plan it was noted the physician was requesting right C4-5, right C5-6, and right C6-7 medial branch blocks, however, there is no rationale provided for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical C4-5, C5-6, C6-7 spine, right side medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections). Facet joint therapeutic steroid injections.

Decision rationale: The American College of Occupational and Environmental Medicine state invasive techniques, to include facet joint injections, are of questionable merit. However, the Official Disability Guidelines indicate that the criteria for the use of blocks for facet mediated pain must include documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to procedure for at least 4 to 6 weeks. The guidelines further indicate that the injured worker's signs and symptoms must be consistent with facet joint pain and limited to injured workers with cervical spine pain that is non radicular in nature. In addition, the Official Disability Guidelines continue to state that therapeutic facet joint injections are currently not recommended, however, criteria for the use of therapeutic medial branch blocks should include evidence of no radicular pain, spinal stenosis, or previous fusion, and is considered successful if there is pain relief for at least 50% for duration of at least 6 weeks. The guidelines also state that in conjunction with therapeutic facet joint injections, there should be formal plan of rehabilitation provided and if the medial branch block is successful, subsequent neurotomies should be considered. There was a lack of evidence within the documentation that the patient had attempted an adequate amount of conservative therapy prior to consideration of the injection to include physical therapy and a home exercise program for at least 4 to 6 weeks. Additionally, the prior injection is not considered successful as it only provided relief for approximately 3 days. Furthermore, there is no indication that the physician is considering radiofrequency neurotomy at the injection levels if the injections are successful. Moreover, there is no formal plan of rehabilitation noted within the documentation as being used in conjunction with the facet joint injection and therapeutic use of facet joint injections is currently not recommended by guidelines. Therefore, the request for 1 cervical C4-5, C5-6, C6-7 spine, right side medial branch blocks spine, is not medically necessary.