

Case Number:	CM15-0014889		
Date Assigned:	02/02/2015	Date of Injury:	09/09/2010
Decision Date:	05/28/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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 43-year-old female, with a reported date of injury of 09/09/2010. The diagnoses include chronic neck pain with cervical spondylosis and radicular pain to the right arm and upper extremity, cervical myofascial pain, and probable right-sided cervical facet joint pain syndrome. Treatments to date have included oral medications, topical pain medication, ice, trigger point injection, and an MRI of the cervical spine. The physical medicine/pain management follow-up report dated 12/10/2014 indicates that the injured worker complained of severe neck pain, with radiation to the right arm and upper extremity. The physical examination showed minimal tenderness to palpation at the midline of the cervical spine, diffuse tenderness over the right-sided cervical paraspinal muscles, tenderness and numbness trigger points over the right trapezius, splenius, levator scapular, medial scapular, and scalene, and tenderness to palpation with tender points over the left trapezius region. It was noted that deep palpation over the right-sided cervical paraspinal region overlying the right C4-5 and C5-6 facet joints reproduces the right-sided neck pain. The treating physician requested cervical facet block under fluoroscopy and conscious sedation at right C4-5, and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Block Under Fluoroscopy and Con. Sedation Right C4-C5, C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition, Chapter: Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The patient presents on 12/10/14 with neck pain rated 9/10, which radiates into the right upper extremity. The patient's date of injury is 09/09/10. Patient is status post cervical trigger point injections at a date unspecified. The request is for CERVICAL FACET BLOCK UNDER FLUOROSCOPY AND CON. SEDATION RIGHT C4-C5, C5-C6. The RFA is dated 10/02/14. Physical examination dated 12/10/11 reveals tenderness to palpation at the midline of the cervical spine, right sided cervical paraspinal muscles from C3 to C7, and right trapezius. The provider also notes numbness trigger points over the right trapezius, levator scapulae, and spenius cervical region. Neurological examination reveals decreased sensation to light touch and numbness over the right lateral arm, right index finger, and small finger consistent with the C6 and C8 dermatome distributions and positive Tinel's sign on the right side. The patient is currently prescribed Pamelor, Zanaflex, Flector patches, Effexor, and Ultram. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "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 - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs- prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a 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 logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." In regard to the request for a cervical facet block at C4-5 and C5-6 levels, the patient does not meet guideline criteria for such injections. Documentation provided does not indicate that this patient has prior facet joint injections or fusions at the requested levels, and there is no evidence

that this patient is anticipating surgical intervention. Progress report dated 12/10/14 reveals that the patient has undergone NSAID and opiate medication therapy with no relief. However, this patient presents with cervical pain which radiates into the right upper extremity, and also exhibits neurological deficit to the right upper extremity. Guidelines do not support diagnostic cervical facet blocks in patients who present with cervical pain, which radiates beyond the shoulders, or in patients demonstrating neurological deficits in the upper extremities. Given these findings, the requested diagnostic block cannot be substantiated. The request IS NOT medically necessary.