

Case Number:	CM15-0110675		
Date Assigned:	06/17/2015	Date of Injury:	09/09/2003
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: Internal Medicine

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 69 year old male who sustained an industrial injury on September 9, 2003. He has reported neck pain and has been diagnosed with cervical facet arthropathy, status post CFMBB, left C4-6, and status post CFMBB, left C4-7. Treatment has included medical imaging, injections, acupuncture, and medications. Palpation revealed tenderness in the cervical musculature. Facet rotation compression distraction test was positive on the left for report of concordant pain. Palpation revealed tenderness over the left C4-6 facet joints. The range of motion of the cervical spine was limited, with complaints of pain. The treatment request included cervical facet medial branch blocks and post injection follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-5 cervical facet medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): 5th Edition, 2007 or current year. Low Back -Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks, Facet joint therapeutic steroid injections. Work Loss Data Institute, <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical facet injection. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that invasive techniques, such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that facet joint therapeutic steroid injections are not recommended. Official Disability Guidelines (ODG) state that therapeutic intra-articular and medial branch blocks are not recommended. Medial branch blocks procedure is generally considered a diagnostic block. Facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. The pain management and rehabilitation consultation report dated 05/12/2015 documented that the patient complains of neck pain. The patient had a cervical facet block on April 28, 2015. He reports that he received pain relief for the first few hours after the procedure. However, he states that he didn't receive any pain relief from his primary pain which he experiences when he lays down. Physical examination was documented. Palpation revealed tenderness in the cervical musculature. Facet rotation compression distraction test was positive on the left for report of concordant pain. Palpation revealed tenderness over the left C4-6 facet joints. Range of motion of the cervical spine was limited. Diagnoses were cervical facet arthropathy and cervical radiculitis with bulging discs. MTUS, ACOEM, and ODG guidelines do not support the request for cervical facet medial branch block. Therefore, the request for left C4-5 cervical facet medial branch block is not medically necessary.

Left C5-6 cervical facet medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): 5th Edition, 2007 or current year. Low Back -Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks, Facet joint therapeutic steroid injections. Work Loss Data Institute, <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical facet injection. American College of Occupational and Environmental Medicine (ACOEM) 2nd

Edition (2004) Chapter 8 Neck and Upper Back Complaints states that invasive techniques, such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that facet joint therapeutic steroid injections are not recommended. Official Disability Guidelines (ODG) state that therapeutic intra-articular and medial branch blocks are not recommended. Medial branch blocks procedure is generally considered a diagnostic block. Facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. The pain management and rehabilitation consultation report dated 05/12/2015 documented that the patient complains of neck pain. The patient had a cervical facet block on April 28, 2015. He reports that he received pain relief for the first few hours after the procedure. However, he states that he didn't receive any pain relief from his primary pain which he experiences when he lays down. Physical examination was documented. Palpation revealed tenderness in the cervical musculature. Facet rotation compression distraction test was positive on the left for report of concordant pain. Palpation revealed tenderness over the left C4-6 facet joints. Range of motion of the cervical spine was limited. Diagnoses were cervical facet arthropathy and cervical radiculitis with bulging discs. MTUS, ACOEM, and ODG guidelines do not support the request for cervical facet medial branch block. Therefore, the request for left C5-6 cervical facet medial branch block is not medically necessary.

Post injection follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): 5th Edition, 2007 or current year. Low Back -Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A post injection follow-up visit was requested. The pain management and rehabilitation consultation report dated 05/12/2015 documented that the patient complains of neck pain. Diagnoses were cervical facet arthropathy

and cervical radiculitis with bulging discs. The requested for cervical facet medial branch block procedures were determined to be not necessary. Therefore, the requested post injection follow-up visit is not necessary. Therefore, the request for post injection follow-up visit is not medically necessary.