

Case Number:	CM15-0112063		
Date Assigned:	06/18/2015	Date of Injury:	12/10/2014
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
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: 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 50-year-old male, who sustained an industrial injury on 12/10/2014. He reported falling backwards with his right arm extended. Diagnoses have included lumbar sprain/strain, thoracic sprain/strain, cervical spondylosis without myelopathy- probable right sided facet injury and pain in joint of hand. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/27/2015, the injured worker complained of ongoing lower back, neck and right wrist pain. He rated his neck and back pain as 8/10 on the visual analog scale (VAS). He reported that neck pain radiated into his right cervicobrachial region. Objective findings revealed limited rotational range of motion of the neck. Flexion and extension were normal; extension with axial loading of facet joints was particularly painful on the right side. There was tenderness to palpation of the right cervicobrachial region and right cervical paraspinal musculature. Per the progress report dated 5/28/2015, the injured worker reported that cervical neck pain was rated 10/10 with radiation to the thoracic region of his spine. He reported no relieving factors aside from Norco. Magnetic resonance imaging (MRI) of the cervical spine from 5/11/2015 showed C3-4 moderate disc degeneration with bulging and moderate to marked bilateral right greater than left uncovertebral hypertrophy and foraminal narrowing. Authorization was requested for bilateral cervical facet joint injection C3-C4 and C4-C5 at 1st level x 1, 2nd level x 1, and additional level x 3, fluoroscopic guidance and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet joint injection C3-C4 and C4-C5 at 1st level x 1, 2nd level x 1, and additional level x 3, fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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: Based on the 06/12/15 progress report provided by treating physician, the patient presents with neck pain rated 10/10 that radiates to thoracic region and into right cervicobrachial region, with no radicular symptoms into the bilateral upper extremities. The request is for bilateral cervical facet joint injection C3-C4 and C4-C5 at 1st level x 1, 2nd level x 1, and additional level x 3, fluoroscopic guidance and iv sedation. RFA with the request not available. Patient's diagnosis on 05/28/15 includes cervical spondylosis without myelopathy - probable right sided facet injury, and long-term use meds NEC. MRI of the cervical spine dated 05/11/15, per 06/12/15 report demonstrated "C3-4 moderate disc degeneration with bulging and moderate to marked bilateral right greater than left uncovertebral hypertrophy and foraminal narrowing. C5-6 and C5-6 moderate disc degeneration with circumferential 1mm bulge and moderate bilateral unciniate hypertrophy and foraminal narrowing. " Treatment to date included imaging studies and medications. Patient's medications include Flexeril, Relafen, Protonix, and Buprenorphine. The patient remains temporarily totally disabled, and may work modified duty, per 04/27/15 report. Treatment reports were provided from 02/12/15 - 06/12/15. 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: 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. 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. "UR letter dated 06/05/15 states "Absence of clinical features of facet arthropathy on clinical examination is the principal reason for non-certification. " Physical examination to the cervical spine on 06/12/15 revealed tenderness to right paraspinous musculature and right cervicobrachial region. Rotational range of motion was limited, and painful extension with axial loading of facets was noted on the right. Per 06/12/15 report, treater states, "the patient does have features of cervical facet pathology, as seen on MRI findings and pain with axial loading of the facet joints which is a clear sign of facet mediated pathology for which a diagnostic cervical facet injection is indicated. Since [the patient] has never had these injections before, he should be given a chance to at least try this injection. " In this case, patient has failed conservative treatment, continues with neck pain

that does not radiate past the shoulders, and has physical examination findings supportive of facet joint pain. Injection at C3-C4 and C4-C5 bilaterally, which are 2 joint levels would appear to be indicated by guidelines. However, treater requests to inject C3- C4 and C4-C5 at 1st level X 1, 2nd level X 1, and additional level X 3. It is not clear what treater means as far as 1st, 2 nd and additional levels. The request as stated appears to indicate injecting more than two levels, multiple times. The requested procedure is not clear and does not appear to be in accordance with guideline indications. Therefore, the request IS NOT medically necessary.