

Case Number:	CM15-0115195		
Date Assigned:	06/23/2015	Date of Injury:	04/16/1997
Decision Date:	09/01/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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 67-year-old male, who sustained an industrial injury on 4/16/1997. Diagnoses include chronic pain, cervical facet arthrosis, cervical discogenic disease, chronic cervical sprain/strain and bilateral cervical radiculopathy C6, C7, left greater than right arm. Treatment to date has included diagnostics, injections, chiropractic care, physical therapy, TENS unit, heat and ice application, home exercise, and medications including Norco, Temazepam and Ultram. Per the Primary Treating Physician's Progress Report dated 4/16/2015, the injured worker reported chronic cervical spine pain. Physical examination of the cervical spine revealed spasm, painful and decreased range of motion. Trigger point at the bilateral cervical trapezial ridge was elicited. There was pain with axial compression. Range of motion testing revealed flexion to 20 degrees and extension to 20 degrees. There was bilateral radicular pain in both arms that radiated. The plan of care included continue weight loss and home walking/exercise program, cervical facet block injections and medications and authorization was requested for right C5-6 cervical facet block, left C5-6 cervical facet block, right C6-7 cervical facet block, left C6-7 cervical facet block and Ultram 50mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-6 cervical facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with chronic cervical spine pain. The request is for LEFT C5-6 CERVICAL FACET BLOCK. The request for authorization is dated 06/01/15. MRI of the cervical spine, 05/08/14, shows C5-6: Facet and uncinete arthropathy produces bilateral neuroforaminal narrowing; C6-7: a 1-2 mm disc protrusion that abuts the spinal cord, combined with short pedicles produces spinal canal narrowing; combined with facet and uncinete arthropathy, there is bilateral neuroforaminal narrowing. Physical examination of the cervical spine revealed spasm, painful and decreased range of motion. Trigger point at the bilateral cervical trapezial ridge was elicited. There was pain with axial compression. Range of motion testing revealed flexion to 20 degrees and extension to 20 degrees. There was bilateral radicular pain in both arms that radiated. Treatment to date has included diagnostics, injections, chiropractic care, physical therapy, TENS unit, heat and ice application, home exercise, and medications including Norco, Temazepam and Ultram. Per progress report dated 04/16/15, the patient is permanent and stationary. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facetneurotomy (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 (see above for medial branch block levels). 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 severely 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." Treater does not discuss the request. Review of provided medical records show no evidence of a prior Cervical Facet Block. However, per progress report dated 01/29/15 patient's diagnosis includes "Bilateral cervical radiculopathy C6, C7, left greater than right arm. Cervical stenosis HNP C3-4, C4-5, C5-6, C6-7." In addition, per progress report dated 04/16/15, physical examination reveals, "Bilateral radicular pain both arms radiating." ODG recommends Cervical Facet Blocks for patients with cervical pain that is non-radicular. In this case, the patient continues with chronic cervical spine pain with radicular symptoms. The request does not meet ODG guidelines indication. Therefore, the request IS NOT medically necessary.

Right C6-7 cervical facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with chronic cervical spine pain. The request is for RIGHT C6-7 CERVICAL FACET BLOCK. The request for authorization is dated 06/01/15. MRI of the cervical spine, 05/08/14, shows C5-6: Facet and uncinete arthropathy produces bilateral neuroforaminal narrowing; C6-7: a 1-2 mm disc protrusion that abuts the spinal cord, combined with short pedicles produces spinal canal narrowing; combined with facet and uncinete arthropathy, there is bilateral neuroforaminal narrowing. Physical examination of the cervical spine revealed spasm, painful and decreased range of motion. Trigger point at the bilateral cervical trapezial ridge was elicited. There was pain with axial compression. Range of motion testing revealed flexion to 20 degrees and extension to 20 degrees. There was bilateral radicular pain in both arms that radiated. Treatment to date has included diagnostics, injections, chiropractic care, physical therapy, TENS unit, heat and ice application, home exercise, and medications including Norco, Temazepam and Ultram. Per progress report dated 04/16/15, the patient is permanent and stationary. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facetneurotomy (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 (see above for medial branch block levels). 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 severely 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." Treater does not discuss the request. Review of provided medical records show no evidence of a prior Cervical Facet Block. However, per progress report dated 01/29/15 patient's diagnosis includes "Bilateral cervical radiculopathy C6, C7, left greater than right arm. Cervical stenosis HNP C3-4, C4-5, C5-6, C6-7." In addition, per progress report dated 04/16/15, physical examination reveals, "Bilateral radicular pain both arms radiating." ODG recommends Cervical Facet Blocks for patients with cervical pain that is non-radicular. In this case, the patient continues with chronic cervical spine pain with radicular symptoms. The request does not meet ODG guidelines indication. Therefore, the request IS NOT medically necessary.

Left C6-7 cervical facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with chronic cervical spine pain. The request is for LEFT C6-7 CERVICAL FACET BLOCK. The request for authorization is dated 06/01/15. MRI of the cervical spine, 05/08/14, shows C5-6: Facet and uncinat arthropathy produces bilateral neuroforaminal narrowing; C6-7: a 1-2 mm disc protrusion that abuts the spinal cord, combined with short pedicles produces spinal canal narrowing; combined with facet and uncinat arthropathy, there is bilateral neuroforaminal narrowing. Physical examination of the cervical spine revealed spasm, painful and decreased range of motion. Trigger point at the bilateral cervical trapezial ridge was elicited. There was pain with axial compression. Range of motion testing revealed flexion to 20 degrees and extension to 20 degrees. There was bilateral radicular pain in both arms that radiated. Treatment to date has included diagnostics, injections, chiropractic care, physical therapy, TENS unit, heat and ice application, home exercise, and medications including Norco, Temazepam and Ultram. Per progress report dated 04/16/15, the patient is permanent and stationary. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facetneurotomy (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 (see above for medial branch block levels).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 severely 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." Treater does not discuss the request. Review of provided medical records show no evidence of a prior Cervical Facet Block. However, per progress report dated 01/29/15 patient's diagnosis includes "Bilateral cervical radiculopathy C6, C7, left greater than right arm. Cervical stenosis HNP C3-4, C4-5, C5-6, C6-7." In addition, per progress report dated 04/16/15, physical examination reveals "Bilateral radicular pain both arms radiating." ODG recommends Cervical Facet Blocks for patients with cervical pain that is non-radicular. In this case, the patient continues with chronic

cervical spine pain with radicular symptoms. The request does not meet ODG guidelines indication. Therefore, the request IS NOT medically necessary.

Right C6-7 cervical facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with chronic cervical spine pain. The request is for RIGHT C6-7 CERVICAL FACET BLOCK. The request for authorization is dated 06/01/15. MRI of the cervical spine, 05/08/14, shows C5-6: Facet and uncinat arthropathy produces bilateral neuroforaminal narrowing; C6-7: a 1-2 mm disc protrusion that abuts the spinal cord, combined with short pedicles produces spinal canal narrowing; combined with facet and uncinat arthropathy, there is bilateral neuroforaminal narrowing. Physical examination of the cervical spine revealed spasm, painful and decreased range of motion. Trigger point at the bilateral cervical trapezial ridge was elicited. There was pain with axial compression. Range of motion testing revealed flexion to 20 degrees and extension to 20 degrees. There was bilateral radicular pain in both arms that radiated. Treatment to date has included diagnostics, injections, chiropractic care, physical therapy, TENS unit, heat and ice application, home exercise, and medications including Norco, Temazepam and Ultram. Per progress report dated 04/16/15, the patient is permanent and stationary. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facetneurotomy (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 (see above for medial branch block levels). 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 severely 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." Treater does not discuss the request. Review of provided medical records show no evidence of a prior Cervical Facet Block. However, per progress report dated 01/29/15 patient's diagnosis includes "Bilateral cervical radiculopathy C6, C7, left greater than right arm. Cervical stenosis HNP C3-4, C4-5, C5-6, C6-7." In addition, per progress report dated 04/16/15, physical examination reveals, "Bilateral radicular pain both arms radiating." ODG recommends Cervical Facet Blocks for

patients with cervical pain that is non-radicular. In this case, the patient continues with chronic cervical spine pain with radicular symptoms. The request does not meet ODG guidelines indication. Therefore, the request IS NOT medically necessary.