

Case Number:	CM15-0117909		
Date Assigned:	06/26/2015	Date of Injury:	04/08/2014
Decision Date:	07/27/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old female with an April 8, 2014 date of injury. A progress note dated May 7, 2015 documents subjective complaints (neck pain without radiation; thoracic pain without radiation; lower back pain somewhat worse on the left with some radiation to the hip and buttock), objective findings (significant pain with range of motion of the cervical spine; tenderness to palpation over the right side cervical facet joints; three quarter inch pelvic tilt, right side lower than left; exquisite pain with range of motion of the lumbar spine; some tenderness over the left greater trochanter and some limitation of range of motion of the left hip; tenderness to palpation over the left lower lumbar facet joints), and current diagnoses (right sided cervical facet pain; left lumbar facet pain). Treatments to date have included physical therapy, medications, magnetic resonance imaging of the cervical spine on December 5, 2014 that showed neural foraminal stenosis and a perineural cyst in the left neural foramen with impingement on the adjacent left nerve root, and exercise. The medical record indicates that conservative treatments have had no effect on the injured worker's symptoms. The treating physician documented a plan of care that included a right cervical medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical medial branch block C3-4, C4-5, C5-6 with IV sedation and fluoroscopy:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Medial Branch Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- neck chapter and pg 26.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" 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 last at least 2 hours for Lidocaine. 2. Limited to patients with low-back 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 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) 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. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion. In this case, an MRI in Dec 2014 did not show cord impingement at C3-C6 but the levels above exceed 2 levels recommended for intervention by the guidelines. In addition, sedation is not indicated. Therefore, the request for 3 levels of MBB with sedation is not medically necessary.