

Case Number:	CM15-0118235		
Date Assigned:	07/01/2015	Date of Injury:	06/09/2008
Decision Date:	07/30/2015	UR Denial Date:	06/12/2015
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: North Carolina

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 63-year-old female sustained an industrial injury to the neck on 6/9/08. Documentation indicated that recent treatment consisted of medication management. Magnetic resonance imaging cervical spine (9/24/14) showed retrolisthesis of C5 over C6, anterolisthesis of C7 over T1 and fusion at C5-6 and C6-7. In the most recent documentation submitted for review, a PR-2 dated 3/13/15, the injured worker complained of continued neck pain rated 9-10/10 on the visual analog scale without medications and 6/10 with medications. The injured worker was able to get out of bed when she took her medications. Physical exam was remarkable for cervical spine with tenderness to palpation over the cervico-trapezial ridge with painful and decreased range of motion and bilateral shoulders with tenderness to palpation over the acromial joint, decreased and painful range of motion and bilateral positive impingement. Current diagnoses included status post cervical fusion, cervical discogenic disease, and breakdown above the level of previous cervical fusion, bilateral shoulder mild residual sprain/strain and facet arthrosis at C3 through C3-7. The treatment plan included prescriptions for Neurontin, Anaprox, Prilosec and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Block Bilateral C5-7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, facet blocks.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews, as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%; 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally; 3. Documentation of failure of conservative therapy; 4. No more than 2 joint levels are injected in 1 session; 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM. The ODG listed criteria for facet blocks have been met in the provided clinical documentation for review. Therefore, the request is medically necessary.