

Case Number:	CM15-0119462		
Date Assigned:	07/07/2015	Date of Injury:	01/16/2014
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
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 59 year old male, who sustained an industrial injury on 1/16/14. He reported pain in his neck. The injured worker was diagnosed as having C4-C7 disc protrusion, cervical facet syndrome and healed T10 mild fracture. Treatment to date has included a cervical and thoracic MRI, physical therapy, chiropractic treatments, medications and acupuncture. As of the PR2 dated 6/10/15, the injured worker reports pain over the cervical facet joints. The treating physician noted a positive Spurling's test and limited extension due to pain. The treating physician requested C3-4, C4-5, C5-6, C6-7 facet median branch blocks and C3-4, C4-5, C5-6, C6-7 neurotomy with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4, C4-5, C5-6, C6-7 Facet Median Branch Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Median branch block.

Decision rationale: C6 - C7 facet median branch block are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are C4 through C7 disc protrusion; facet syndrome cervical spine; and healed T10 mild fracture. The date of injury is January 16, 2014. The request for authorization is June 17, 2015. The medical record contains 9 pages. Most recent progress noted medical record is June 10, 2015. Subjectively, the injured worker has neck pain, posterior shoulder pain and upper thoracic pain. Objectively, there is tenderness palpation over the facet joints with decreased range of motion. Motor examination was normal. The guidelines recommend no more than two levels be injected bilaterally at one session. The treating provider has requested C3 - C4, C4 - C5, C5 - C6, and C6 - C7 facet median branch block. The treating provider has requested a four level block. This is in excess of the recommended guidelines. Consequently, absent guideline recommendations with adherence to no more than two facet joint levels injected at one session, C3 - C4, C4 - C5, C5 - C6, and C6 - C7 facet median branch block are not medically necessary.

C3-4, C4-5, C5-6, C6-7 Neurotomy with Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint rhizotomy.

Decision rationale: Pursuant to the Official Disability Guidelines, C3 - C4, C4 - C5, C5 - C6, and C6 - C7 neurotomy with fluoroscopy is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. And there should be evidence of a formal plan of additional

evidence-based conservative care in addition to facet joint therapy. In this case, the injured worker's working diagnoses are C4 through C7 disc protrusion; facet syndrome cervical spine; and healed T10 mild fracture. The date of injury is January 16, 2014. The request for authorization is June 17, 2015. The medical record contains 9 pages. Most recent progress noted medical record is June 10, 2015. Subjectively, the injured worker has neck pain, posterior shoulder pain and upper thoracic pain. Objectively, there is tenderness palpation over the facet joints with decreased range of motion. Motor examination was normal. The guidelines recommend no more than two levels be injected bilaterally at one session. The treating provider has requested C3 - C4, C4 - C5, C5 - C6, and C6 - C7 facet median branch block. The treating provider has requested a four level block. This is in excess of the recommended guidelines. Additionally, a diagnostic medial branch blocks should be performed prior to a facet joint neurotomy. The treatment plan indicated the facet joint neurotomy would be performed if the diagnostic medial branch blocks were successful. The diagnostic medium branch blocks were not performed at the time of the request for authorization. A request for the facet joint neurotomy is premature at the time of the request for authorization. Consequently, absent clinical documentation with adherence to the number of levels to be injected (not to exceed two) and a premature facet joint neurotomy without documentation of the diagnostic median branch blocks, C3 - C4, C4 - C5, C5 - C6, and C6 - C7 neurotomy with fluoroscopy is not medically necessary.