MAXIMUS Federal Services

Case Number:	CM15-0122538		
Date Assigned:	07/06/2015	Date of Injury:	07/15/2010
Decision Date:	08/26/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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:

The injured worker is a 44 year old female, who sustained an industrial injury on 7/15/10. The injured worker has complaints of neck and low back pain. The neck pain radiates to the upper thoracic region and the low back pain radiates to the right lower extremity. Cervical spine examination revealed palpable twitch positive trigger points noted in the muscles of the head and neck, specifically. Anterior flexion was noted to be 40 degrees; there is pain noted when neck is flexed anteriorly. There is pain noted with extension of the cervical spine; painful left lateral rotation of the cervical spine and right lateral rotation of cervical spine is reported by the injured worker. The lumbar spine revealed palpation of lumbar paraspinal muscles tender and palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. The diagnoses have included displacement of cervical intervertebral disc without myelopathy. Treatment to date has included acupuncture treatments; chiropractic treatment; physical therapy; zanaflex; oxycodone; heating pad; facet injections; myofascial release and manipulation applied to the cervical spine and infra-red therapy over the spine. The request was for facet block cervical and lumbar spine with pain management physician L3-L4, L4-L5, C5-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Block Cervical and Lumbar Spine with Pain Management Physician L3-L4, L4-L5, C5-C7: 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 Low Back, Lumbar and thoracic chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-308. Decision based on Non-MTUS Citation Official Disability Guidelines (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 or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as the request is for more than 2 joint levels and thus the request is not medically necessary.