

Case Number:	CM15-0123784		
Date Assigned:	07/14/2015	Date of Injury:	12/18/2012
Decision Date:	08/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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 was a 53 year old male, who sustained an industrial injury, December 8, 2012. The injured worker previously received the following treatments EMG/NCS (electro-diagnostic studies and nerve conduction studies) which showed mild right carpal tunnel syndrome, left wrist MRI, physical therapy, acupuncture, steroid injection, cervical facet steroid injection, ice, and heat, Ibuprofen, Norco and Gabapentin. The injured worker was diagnosed with status post-surgery for C1-C2 due to a congenital defect, cervical degenerative disc disease, chronic pain and left wrist injury. According to progress note of May 29, 2015, the injured worker's chief complaint was right elbow, bilateral wrists, neck and low back pain. The injured worker described the pain shooting, ache, constant off and on. The pain was made worse by repetitive use. The following activities seem to make the pain better was ice, heat and pain medication. The physical exam noted severe tenderness with palpation in the lower spinal area with associated spasms. The lumbar flexion was 45 degrees, extension 40 degrees, right later bend of 30 degrees, left lateral bend of 40 degrees, right rotation of 60 degrees and left rotation of 70 degrees. The Spurling's test was positive. The treatment plan included medial branch block on the left C5-C6 and C6-C7 level under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Median branch block at the left C5-C6 and C6-C7 level under fluoroscopic guidance:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch block.

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 cited above have not been met in the clinical documentation as the patient has radicular pain symptoms on exam and therefore the request is not medically necessary.