

Case Number:	CM15-0128795		
Date Assigned:	07/15/2015	Date of Injury:	02/19/2013
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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 69 year old female sustained an industrial injury to the neck, back and right shoulder on 2/19/13. Previous treatment included right shoulder surgery, physical therapy, epidural steroid injections and medications. Magnetic resonance imaging cervical spine (6/27/14) showed multilevel mild degenerative changes superimposed on somewhat congenitally small canal without gross cord compression or definite nerve root impingement. The injured worker underwent cervical C5-6 epidural steroid injection on 5/18/15. In a PR-2 dated 7/2/15, the injured worker complained of ongoing neck pain rated 8-9/10 on the visual analog scale, with referral toward the occiput. The injured worker noted over 50% pain relief in bilateral upper extremities after recent cervical epidural steroid injections. The injured worker was able to dress herself, comb her hair, carry her dinner and hold cups with more strength following the injection. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal musculature and over the C4-5 and C5-6 facet joints bilaterally with exacerbation of pain upon extension and rotation of the cervical spine and normal grip strength bilaterally. Current diagnoses included cervical spine radiculopathy, lumbar spine radiculopathy, cervical spine spondylosis, multiple joint pain and myofascial pain syndrome. The treatment plan included diagnostic medial branch blocks at C4-5 and C5-6 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4, C5 and C6 facet joint injections under IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 27.

Decision rationale: According to the guidelines, facet injections are not recommended but criteria for MBB are as follows: 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. In this case, the claimant had a prior ESI which is only indicated for radicular symptoms and contradicts the indication for a facet block. IN addition, the blocks are generally no recommended and have short-term benefit. The request for facet injections is not medically necessary.