

Case Number:	CM15-0171927		
Date Assigned:	09/14/2015	Date of Injury:	04/29/2013
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58-year-old female, who sustained an industrial injury on 4-29-2013. The medical records indicate that the injured worker is undergoing treatment for cervicgia, cervical facet joint syndrome, cervical degenerative disc disease, limb pain, numbness, and possible RSD. According to the progress report dated 8-24-2015, the injured worker complains of right-sided neck pain with radiation into the right trapezius and down the right upper extremity. She notes difficulty with fine motor movements with her right hand. The pain is rated 6-7 out of 10 on a subjective pain scale. The physical examination of the cervical spine reveals tenderness over the paraspinal muscles from C4-5 to C6-7 on the right, positive right facet joint test, tenderness to compression over the right facet joints C4-5 to C6-7, and mild discoloration on the right compared to the left. The current medications are Ibuprofen and Norco. Treatment to date has included medication management, icing, physical therapy, home exercise program, MRI studies, and a recent cervical facet joint injection at right C4-5, C5-6, and C6-7 (8-6-2015). From her recent cervical facet injection, she reports 50 percent pain relief, functional gain, and activities of daily living improvement; however, she still reports excruciating pain, status post injection. MRI of the cervical spine reveals "mild to moderate degenerative disc disease at C5-6 as well as mild degenerative disc disease at C4-5 and C6-7. At C5-6 there is disc osteophyte, consistent with facet arthrosis and mild canal narrowing, moderate left, and mild right neural foraminal narrowing." The treating physician noted her work status to be "laid off." The original utilization review (8-27-2015) had non-certified a request for a cervical spine facet joint block injection under fluoroscopy at bilateral C4-5, C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint block injection under fluoroscopy at bilateral C4-5, C5-6 AND C6-7 for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for Facet joint block injection under fluoroscopy at bilateral C4-5, C5-6 AND C6-7 for the cervical spine, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Guidelines also state that facet joint therapeutic steroid injections are not recommended. Guidelines state that 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). Within the documentation available for review, the requesting physician has asked for 3 joint levels, clearly beyond the maximum of 2 joint levels recommended by guidelines. As such, the currently requested Facet joint block injection under fluoroscopy at bilateral C4-5, C5-6 AND C6-7 for the cervical spine is not medically necessary.