

Case Number:	CM15-0024482		
Date Assigned:	02/17/2015	Date of Injury:	05/29/1997
Decision Date:	04/14/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male who reported an injury on 05/29/1997. The mechanism of injury was not provided. Prior therapies included physical therapy, radiofrequency ablation of the lumbar spine, epidural steroid injections for the lumbar spine, and a medial branch nerve block of the cervical spine bilaterally at C2 through C5 on 09/17/2014. The injured worker underwent a medial branch nerve radiofrequency ablation, 4 levels on the right, C2 through C5, on 11/12/2014. The injured worker underwent an MRI of the cervical spine on 07/16/2014, which revealed a negative examination, with no disc herniations or compromise of the central canal. There was no neural foraminal stenosis. The injured worker underwent x-rays of the cervical spine. Per the examination note of 10/01/2014, related to the bilateral cervical medial branch block, the injured worker had 90% improvement in pain, with no restrictions in movement, and drove more efficiently without much pain. The surgical history was stated to be none. The documentation of 12/08/2014 revealed the injured worker was noted to have a bad experience with the right cervical radiofrequency ablation. The pain was noted to be diminishing, and the injured worker was much improved. The injured worker was noted to be taking 3 Vicodin per day, which was down from 8 to 10 on an average, and was noted to stop taking Ultracet. The injured worker complained of the same pain on the left side, with no radiation. The pain was worse with ipsilateral rotation and bending to the left. The injured worker was noted to be tender to palpation, and had failed conservative measures, including physical therapy and light stretching. The physical examination there was pain with left lateral flexion of the C spine. There was pain with right lateral rotation. There were palpable trigger

points in the muscles of the head and neck. There was normal sensation and normal strength. The deep tendon reflexes were within normal limits. The diagnoses included cervical spondylosis without myelopathy. The treatment plan included a radiofrequency ablation on the left, x2. Additionally, it was noted if the injured worker noted greater than 80% response to the medial branch block with significant reduction in pain symptoms, the recommendation would be for a radiofrequency ablation for the next mode of therapy. The injured worker indicated that he had moderate to severe pain, with limited activities of daily living for 3 months or more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, application of secondary guidelines were sought. Per Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include "clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine limited to no more than two levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks and the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level - not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic block. The clinical documentation submitted for review indicated the injured worker had undergone a diagnostic injection. The injured worker had a 90% response. There was a lack of documentation indicating a necessity for a second diagnostic injection. The duration of relief was not provided. Additionally, there was a lack of documentation indicating a necessity for

more than 2 levels. The request as submitted failed to indicate the levels and laterality for the request. Given the above, the request for cervical medial branch nerve block is not medically necessary.