

Case Number:	CM15-0025158		
Date Assigned:	02/17/2015	Date of Injury:	08/01/2005
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 55 year old male, who sustained an industrial injury on 8/01/2005. The diagnoses have included headache, insomnia, depression, cervical spondylosis, lumbar spondylosis, cervical post laminectomy syndrome, brachial neuritis or radiculitis and chronic pain syndrome. Treatment to date has included facet injection, physical therapy, massage and medications. Currently, the IW complains of chronic neck pain and lower back pain rated as 5/10. The pain is described as constant with radiation to the bilateral shoulders. Objective findings included an awkward and slow gait. Range of motion is restricted to the cervical spine and there is tenderness to both sides of the paravertebral muscles. Magnetic resonance imaging (MRI) of the cervical spine dated 3/15/2009 revealed neuro foraminal stenosis at C3-4, C4-5, C6-7 and C7-T1. There is evidence of prior cervical fusion with anterior plate and screw fixation from C4 through C7 with evidence of degenerative disc disease and slight narrowing of the central spinal canal. The EMG test report did not show cervical radiculopathy. The medications listed are Naproxen, Voltaren, Butrans, Norco, Tizanidine and Cymbalta. On 1/12/2015, Utilization Review non-certified a request for Medial Branch Block (MBB) at C2- C4 noting that the clinical documentation contains exclusionary criteria according to the guideline recommendations. The ACOEM Guidelines were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of bilateral C2-4 MBB; diagnostic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C2-4 MBB; diagnostic block DOS: 12/18/14: Overturned

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

Decision rationale: The CA MTUS did not specifically address the use of cervical facet injections in the treatment of neck pain. The guidelines recommend that interventional pain procedures can be utilized in the treatment of neck pain when conservative treatments with medications and PT have failed. The ODG guidelines recommend that cervical facet injection can be utilized in non radicular neck pain when there is subjective, objective and radiological findings consistent with cervical facet syndrome. The guidelines recommend that a maximum of 3 facet injections on one side or 2 levels bilateral be performed at each setting so that efficacy of the procedures can be better evaluated. The records indicate that the patient is utilizing multiple medications regimen. There was subjective, objective and radiological findings consistent non radicular cervical facet syndrome. The 2 levels bilateral procedures was consistent with the guidelines recommended maximum number of injections. The criteria for bilateral C2 to C4 facet median branch block DOS 12/18/2014 was met.