

Case Number:	CM15-0040200		
Date Assigned:	03/10/2015	Date of Injury:	12/06/2005
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 12/6/05. The injured worker has complaints of neck, mid back and low back pain with increasing pain into the bilateral lower legs that are tender to touch has aching and stabbing neck pain that radiates down the bilateral upper extremities to the hands with numbness, aching and burning in the bilateral hands. The diagnoses have included cervical degenerative disc disease; cervical facet arthropathy; multilevel cervical stenosis; multilevel moderate-to-severe lumbar stenosis; right knee degenerative joint disease and ACL tear and right rotator cuff tear. The documentation noted that the injured worker was provided with Tylenol #3 three times a day as need is providing relief and "takes the edge off". He had an epidural steroid injections on 11/7/14 that temporarily decreased his pain by 20%, but does report that his range of motion is somewhat improved. He had a lumbar spine Magnetic Resonance Imaging (MRI) on 8/23/12 and cervical spine Magnetic Resonance Imaging (MRI) on 5/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block BL C4 - C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The patient presents with neck pain which radiates into the bilateral upper extremities, mid back pain, and low back pain rated 8-9/10 which radiates into the bilateral lower extremities - right worse than left. Patient also complains of severe right shoulder pain. The patient's date of injury is 12/06/05. Patient is status post cervical ESI on 11/07/14 and 05/01/12, status post C6-C7 fusion in 1989. The request is for MEDIAL BRANCH BLOCK BL C4-C6. The RFA is dated 11/18/14. Physical examination dated 01/12/15 reveals tenderness to palpation of the cervical paraspinal muscles and cervical facet loading. Treater also notes decreased sensation to the C6 dermatome on the left and decreased motor strength of the upper right extremity. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the cervical spine dated 08/23/12, significant findings include: "Multilevel degenerative disc disease with limited axial sequences. C2-3 moderate to severe right neural foraminal narrowing... multilevel focal protrusions are appreciated throughout the cervical spine with multilevel degenerative disc disease..." Patient is currently classified as permanent and stationary, has not worked since 2005. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy -a procedure that is considered "under study". Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs- prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." In regard to the request for what appears to be a diagnostic left cervical facet block injection at C4/C5 and C5/6, the patient does not meet ODG criteria for such an injection. Documentation provided does not indicate that this patient has prior facet joint injections or fusions at the requested levels. There is no evidence that this patient is anticipating surgical intervention. Progress report dated 01/12/15 reveals that the patient has undergone NSAID and opiate medication therapy with no relief. However, the patient has significant radiating symptoms into both upper extremities. ODG does not support the use of facet injections if the patient presents with radicular symptoms or in patients with documented neurological deficit. Therefore, the request IS NOT medically necessary.