

Case Number:	CM15-0052647		
Date Assigned:	04/29/2015	Date of Injury:	01/17/2003
Decision Date:	05/28/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

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 52 year old male patient who sustained an industrial injury on 01/17/2003. A visit dated 07/24/2014 reported chief complaint of low back and neck pains. He also states having numbness in the right arm. He has tried conservative therapies in the past to include: bed rest, activity modification; local therapies; heat/ice application; physical therapy; anti-inflammatory agents; muscle relaxants, chiropractic therapy, transcutaneous nerve stimulator unit; and acupuncture. He is diagnosed with right cervical radiculopathy: herniated nucleus pulposus; failed conservative therapies for pain control. The plan of care involved: recommending cervical epidural injections, continue with home exercise program, continue with physical therapy modalities, and refilled Percocet. A pain management visit dated 02/20/2015 reported chief complaint of severe exacerbation of neck pain, headache, and bilateral upper back pain. Current medications are: Percocet 10/325mg, Oxycodone 10mg. He is diagnosed with cervical radiculopathy; mechanical neck pain with headaches; failed conservative therapies for pain control, and no evidence of cervical radiculopathy. The plan of care involved: recommending cervical facet joint injections, continue with home exercise program, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral cervical facet (medial branch block) injections at C5-C6, C6-C7 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Injections.

Decision rationale: According to the ODG, Criteria for the use of diagnostic blocks for facet mediated 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 last at least 2 hours for Lidocaine. 2. Limited to injured workers with 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 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The injured worker should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The injured worker should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in injured workers in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review previous fusion at the targeted level. (Franklin, 2008)] According to the documents available for review, the IW currently has cervical radiculopathy. This is in contrast to the ODG guidelines above. Therefore, at this time, the requirements for treatment have not been met and is not medical necessary.