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| Case Number: | CM15-0077482 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 06/27/2013 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/22/2015 |

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 06/27/2013. He reported neck pain, headache and some finger and left arm tingling. Treatment to date has included MRI of the cervical spine, physical therapy, x-rays of the cervical spine, electrodiagnostic studies and medications. According to a progress report dated 03/13/2015, the injured worker presented with chronic progressive pain in his head, neck, left shoulder, left arm and left elbow. Neck pain accounted for 90 percent of his pain. Neck pain radiated down to his left upper extremity. Lower back pain radiated down to his left lower extremity. Pain was associated with numbness, tingling and weakness in the left arm, left hand and left leg. Amitriptyline was the only medication noted under current medications. Diagnoses included cervical facet syndrome, cervical pain and cervical strain. Treatment plan included continuance of home exercise program, Amitriptyline and Lyrica. The provider noted that the injured worker would continue to work full-time on full duty but was not permanent and stationary yet. A medial branch block was being requested at the left C3-C4 and C4-C5 levels. If positive, then treatment would consist of radiofrequency ablation and if negative a cervical epidural injection would be performed. Requested procedure was noted as cervical facet nerve block at left C3-C4 and C4-C5. Currently under review is the request for a left C3-4 facet nerve block and left C4-5 facet nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3-4 facet nerve block, per 03/13/15 order Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG, Neck and Upper Back section, facet joint diagnostic blocks.

Decision rationale: The MTUS Guidelines do not address facet joint injections in detail but do mention that all injection procedures of the neck/upper back area have no proven benefit in treating acute neck and upper back symptoms. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection, and 12. Facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis. In the case of this worker, there was failure to meet the criteria for a recommendation for cervical facet joint injection as the worker had radicular cervical pain, demonstrated in the documentation provided. Therefore, the facet joint injection at C3-C4 is not medically necessary.

Left C4-5 facet nerve block, per 03/13/15 order Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG, Neck and Upper Back section, facet joint diagnostic blocks.

Decision rationale: The MTUS Guidelines do not address facet joint injections in detail but do mention that all injection procedures of the neck/upper back area have no proven benefit in treating acute neck and upper back symptoms. The ODG suggests that for a diagnosis of facet

joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection, and 12. Facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis. In the case of this worker, there was failure to meet the criteria for a recommendation for cervical facet joint injection as the worker had radicular cervical pain, demonstrated in the documentation provided. Therefore, the facet joint injection at C4-C5 is not medically necessary.