MAXIMUS Federal Services

Case Number:	CM15-0090142		
Date Assigned:	05/14/2015	Date of Injury:	12/29/2003
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old male, who sustained an industrial injury on 12/29/2003. He has reported injury to the neck, left shoulder, left knee, and left ankle. The diagnoses have included neck pain; paresthesia; knee pain; medial meniscus tear; shoulder pain; and superior glenoid labrum lesion. Treatment to date has included medications, diagnostics, injections, and surgical interventions. Medications have included Hydrocodone/Acetaminophen, Ibuprofen, Tramadol and Prilosec. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing severe left-sided neck and shoulder pain, with associated paresthesia; underwent a facet block injection two years ago for this, and would like to repeat this procedure since he responded so well; left knee pain has improved with recent Synvisc injections; and with the worsening pain to his left ankle, would like to repeat ankle injection. Objective findings included decreased range of motion of the cervical spine; point tenderness to the left cervical paraspinals of the lower levels; decreased swelling to the left knee; mild to moderate medial joint line tenderness of the left knee and throughout the lateral ankle compartment; and there is marked tenderness to the peroneal tendon at the left ankle. The treatment plan has included the request for one left C6-7 and C7-T1 facet block under sedation with fluoroscopic guidance; and one ultrasound-guided injection addressing peroneal tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left C6-7 and C7-T1 facet block under sedation with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thoracic Chapter/Facet Blocks Section Neck Chapter/Facet Joint Therapeutic Steroid Injection Section.

Decision rationale: The MTUS Guidelines do not address the use of facet blocks at the cervical and thoracic spine. The ODG does not recommend the use of thoracic facet blocks. There is limited research on therapeutic blocks or neurotomies in the cervical region and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. Pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment to the rib cage. Injection of the joints in this region also presents technical challenge. A current non-randomized study reports a prevalence of facet joint pain of 42% in patients with chronic thoracic spine pain. This value must be put into perspective with the overall frequency of chronic pain in the cervical, thoracic and lumbar region. In this non-randomized study, 500 patients had 724 blocks. Approximately 10% of the blocks were in the thoracic region, with 35.2% in the cervical region and 54.8% in the lumbar. While not recommended for the cervical spine, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. In this case, the injured worker has subjective radicular pain. Additionally, there is no evidence of failure with conservative treatment modalities. The request for 1 left C6-7 and C7-T1 facet block under sedation with fluoroscopic guidance is determined to not be medically necessary.

1 ultrasound guided injection addressing peroneal tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 433.

Decision rationale: Per MTUS guidelines, local injection of lidocaine and cortisone solution are recommended for patients with point repeated or frequent tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma where conservative treatment of 4-6 weeks has been unsuccessful. In this case, the injured worker has not been diagnosed with one of the above medical conditions. The request for 1 ultrasound guided injection addressing peroneal tendon is determined to not be medically necessary.