

Case Number:	CM15-0094741		
Date Assigned:	05/20/2015	Date of Injury:	01/03/2008
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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 55 year old female, who sustained an industrial injury on 01/03/2008. She reported an injury to her neck. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having cervical spondylosis, cervicgia, and cervical disc degeneration. Treatment and diagnostics to date has included cervical spine MRI which showed multilevel degenerative disc disease with neural foraminal narrowing, physical therapy, injections, and medications. In a progress note dated 04/15/2015, the injured worker presented with complaints of neck pain with bilateral hand paresthesias. Objective findings include limited cervical range of motion and tenderness. The treating physician reported requesting authorization for cervical injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-4, C4-5, C5-6 facet injections combined with interlaminar epidural with coverage from C3-4 down to C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet injections.

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

Decision rationale: The patient presents on 04/15/15 with unrated neck pain and associated bilateral hand paresthesias. The patient's date of injury is 01/03/08. Patient has no documented surgical history directed at this complaint. The request is for bilateral C3-4, C4-5, C5-6 facet injections combined with interlaminar epidural with coverage from C3-4 down to C5-6. The RFA is dated 04/15/15. Physical examination dated 04/15/15 reveals moderate tenderness to palpation of the cervical paraspinal muscles from C2-C3 through C7-T1, decreased biceps reflexes on the right, decreased brachioradialis reflexes bilaterally. The provider also notes spasms of the trapezius muscles and scapular retractors bilaterally. Neurological examination of the bilateral upper extremities is otherwise within normal limits. The patient's current medication regimen is not provided. Diagnostic imaging includes MRI of the cervical spine, dated 04/15/15, significant findings include: "C5-6 degenerative disc space narrowing with unvertebral joint osteophyte formation right greater than left; C6-7 some degenerative disk space narrowing with circumferential disk/osteophyte complex; larger in the right paracentral and right lateral regions." Patient is currently working with duty modifications. 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 a cervical facet block at C3-4, C4-5, and C5-6 levels, the provider has specified an excessive number of levels to be injected. Documentation provided does not indicate that this patient has prior facet joint injections or fusions at the requested levels, and there is no evidence that this patient is anticipating surgical intervention. This patient presents with cervical pain which does not radiate into the bilateral upper extremities, though she does exhibit some neurological deficit; namely paresthesias in the bilateral hands and decreased upper extremity reflexes in the right upper extremity. Guidelines do not support diagnostic cervical facet blocks at greater than two levels (the provider has requested 3), nor do they support facet joint injections in patients who present with neurological deficit to the upper extremities. Without an appropriate number of levels to be injected or a lack of neurological deficit in the upper extremities, the request as written cannot be substantiated. The request IS NOT medically necessary.