

Case Number:	CM15-0096951		
Date Assigned:	05/27/2015	Date of Injury:	04/14/2014
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 86-year-old female, who sustained an industrial injury on April 14, 2014. The mechanism of injury was not provided. The injured worker has been treated for neck, right shoulder and low back complaints. The diagnoses have included lumbago, degenerative lumbar spondylosis without myelopathy, lumbar radiculitis, neck pain, brachial neuritis and sciatica. Treatment to date has included medications, radiological studies, lumbar epidural steroid injections and cervical medial branch blocks. Most current documentation dated January 13, 2015 notes that the injured worker reported neck pain, which was doing very well and low back pain with radiation to the bilateral low extremities. The low back pain was noted to be returning. The documentation notes that the injured worker had a cervical medial branch block on January 5, 2015, which provided seventy percent improvement, which was still ongoing. The injured worker also noted right shoulder pain. Examination of the cervical spine revealed pericervical tenderness. Muscle tone was normal and sensation was intact. The treating physician's plan of care included a request for outpatient medial branch blocks under fluoroscopic guidance at cervical three-cervical six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient medial branch blocks under fluoroscopic guidance at C3-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks; Facet joint pain, signs & symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 301. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, facet joint injections.

Decision rationale: Based on the 1/13/15 progress report provided by the treating physician, this patient presents with improving neck pain, left > great with radiation to all fingers 90% localized in the neck, and returning low back pain radiating to the legs. The treater has asked for OUTPATIENT MEDIAL BRANCH BLOCKS UNDER FLUOROSCOPIC GUIDANCE AT C3-C6 on 1/13/15. The request for authorization was not included in provided reports. The patient is s/p left C3 to C6 medial branch block from 1/5/15, which improved her pain by 70% per 1/13/15 report. The patient states that pain medication improves her pain by 50% without side effects per 1/13/15 report. The patient is currently taking Tramadol, Prilosec, Simvastin, Carvedilol, Benazepril, and Aspirin as of 12/11/14 report. A C-spine MRI on 10/14/14 showed "mild C3-4 cervical spondylosis with moderate severe right neural foraminal stenosis impinging on right C4 nerve root, mild C4-5 cervical spondylosis with 1mm anterolisthesis of C4 on C5 resulting in moderate severe right neural foraminal stenosis impinging on right C5 nerve root, and moderate severe C5-6 cervical spondylosis with minimal compression on right ventral aspect of the thecal sac and moderate severe right neural foraminal stenosis impinging on right C6 nerve root." The patient's work status is not included in the provided documentation. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. 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. Regarding medial branch block, ODG guidelines under Neck chapter, Facet therapeutic steroid injections topic states that 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)." In this case, the patient has had a cervical

medial branch block at C3-6 on 1/5/15 with 70% improvement in pain. The duration of relief is not documented. The request is for repeat medial branch block at C3-6. However, ODG no longer supports double blocks or repeat blocks for confirmation. Furthermore, the treater has asked for 4 level DMB blocks, which correlates to 3 level facet joints. ODG only supports 2 level investigation. The request IS NOT medically necessary.