

Case Number:	CM15-0099217		
Date Assigned:	06/01/2015	Date of Injury:	02/10/2014
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 63 year old female, who sustained an industrial injury on 2/10/14. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spondylosis; facet arthropathy; degenerative disc cervical. Treatment to date has included cervical epidural steroid injection C7-T1, 7/2/14; medications. Diagnostics included MRI cervical spine (3/21/14 and 11/10/14); MRI left and right shoulder (11/10/14). Currently, the PR-2 notes dated 3/5/15 indicated the injured worker complains of cervical pain that has been persistent for 4 years. The course has been constant and radiates to the left shoulder. She is unable to straighten her back and is waiting on authorization for a cervical facet block. She has intractable pain that requires more medications as needed and states that Celebrex has been upsetting her stomach and presents for a medication refill. The physical examination of the cervical spine indicates tenderness on palpation with mild facet tenderness with tissue tension, texture/spasm. Motor strength of the upper bilateral extremities is noted as grossly 5/5 and with no pain with facet loading. Flexion 10 degrees, on the right lateral 15 degrees and left lateral is 15 degrees. Also documented extension 10 degrees with right rotation 15 degrees and left rotation at 10 degrees. Reflexes: Biceps 2+; triceps 2+ and brachioradialis 2+. Functional testing, Spurling's test is negative. The MRI of the cervical spine dated 11/10/14 impression notes: C3-C4 diffuse disc and bony ridging with facet arthropathy and foraminal stenosis greater on the right. C5-C6 and C6-C7 note degenerative disc changes C7-T1 2.5mm left paracentral herniated (extruded) disc migrating superiorly behind the left paracentral body of C7 and a distance of

6mm with no impingement upon the spinal cord. The provider has requested cervical facet block between 5/1/15 to 6/15/15 and these were denied per Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical facet block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient was injured on 02/10/14 and presents with cervical spine pain which radiates to the left shoulder. The request is for a cervical facet block. There is no RFA provided and the patient's current work status is not provided. The report with the request is not provided nor is there any discussion provided regarding this request. Review of the reports provided does not indicate if the patient has had a prior cervical facet block. 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. 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. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient 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 patient 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 patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." 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 severely 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." The patient has cervical spine pain which radiates to her left shoulder, is unable to straighten her back, has a decreased range of motion, and has mild tenderness along her cervical facets. The

11/10/14 MRI of the cervical spine revealed straightening of the normal cervical lordotic curve, foraminal stenosis on the right C3-C4, severe degenerative disc changes impinging upon the right anterior aspect of the spinal cord at C5-C6, and lateral uncovertebral hypertrophic changes narrowing the neural foramina at C6-C7. She is diagnosed with cervical spondylosis, facet arthropathy, and degenerative disc cervical. It does not appear as though the patient had any previous facet block to the lumbar spine. In this case, the patient has cervical radicular symptoms for which diagnostic facet blocks are not indicated per ODG Guidelines. Furthermore, ODG Guidelines states that "no more than 2 levels bilaterally are recommended." It is unknown at what levels and at how many levels this block is indicated for. Therefore, the requested cervical facet block is not medically necessary.