

Case Number:	CM14-0102354		
Date Assigned:	07/30/2014	Date of Injury:	04/12/2004
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old female who reported an injury on 04/12/2004; the mechanism of injury was not indicated. The injured worker had diagnoses including chronic pain syndrome, cervical facet joint pain, knee pain, muscle pain, low back pain, cervical disc degenerative disease. Prior treatment included left sided facet injections, the levels and dates of which were not indicated and facet injections to the right C2-3, C3-4, C4-5, C5-6, and C6-7 which provided the injured worker with 50% pain relief for one year. Diagnostic studies included an MRI of the cervical spine dated 06/11/2004 which revealed central disc disease at C4-C5 and particularly at C3-C4, mild stenosis was seen at C3-C4, flattening of the cord was seen at C4-C6, with mild left-sided foraminal narrowing. No surgical history was documented in the medical records. The injured worker complained of neck pain. She also stated that she was getting stressed out due to increasing pain. The injured worker rated her pain 4/10 with medication and 9/10 without medication. The clinical note dated 08/11/2014 noted the injured worker's pain was worse with bending and extending the neck and lifting. The pain was described as arching and burning in the neck and traps, more to the right than the left. The injured worker had 5/5 bilateral upper extremity strength and sensation was intact and equal. There was tenderness to the lower cervical spine, bilateral facets, and upper trapezius muscles. Cervical spine range of motion was limited with extension and rotation due to pain, as well as left lateral bending. The injured worker tolerated the medications well. Medications included tizanidine, rioriptyline, hydrocodone /acetaminophen(norco 10), ibuprofen and colace. The treatment plan included a request for an MRI of the lumbar spine. The rationale for Cervical Medial Branch Block right C5-C6 & C6-C7 under fluoroscopic guidance with conscious sedation was to reduce the injured

worker's pain and improve range of motion. The request for authorization was not provided within the medical records documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Block right C5-C6 & C6-C7 under fluoroscopic guidance with conscious sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines: Neck.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for Cervical Medial Branch Block right C5-C6 & C6-C7 under fluoroscopic guidance with conscious sedation is not medically necessary. The injured worker complained of neck pain. The injured worker stated she had arching and burning in the neck and traps, more to the right than the left. The injured worker had tenderness over the bilateral facets cervical facets from C2-C7. The injured worker previously underwent facet injections to the right C2-3, C3-4, C4-5, C5-6, and C6-7 which provided the injured worker with 50% pain relief for one year. The California MTUS/ACOEM guidelines state there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The Official Disability Guidelines further state the use of medial branch blocks is limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The guidelines recommend performing only one diagnostic medial branch block. 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. The guidelines note if a therapeutic facet injection is 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). The injured worker previously underwent facet injections to the right C2-3, C3-4, C4-5, C5-6, and C6-7 which provided the injured worker with 50% pain relief for one year. There is a lack of documentation indicating the injured worker had initial 70% pain relief. The use of sedation is not recommended per the guidelines, in the absence of significant anxiety related to the procedure. Therefore, the request for Cervical Medial Branch Block right C5-C6 & C6-C7 under fluoroscopic guidance with conscious sedation is not medically necessary.