

Case Number:	CM14-0148376		
Date Assigned:	09/18/2014	Date of Injury:	11/02/2001
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/12/2014

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 and Pain Medicine and is licensed to practice in California. 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 56-year-old female who reported an injury on 11/02/2001 due to an unknown mechanism. Diagnoses were cervical postlaminectomy syndrome, displacement of cervical intervertebral disc without myelopathy, neck pain, and disorder of back. Past treatments were facet injection on 10/16/2013 at the C2-3 level. The injured worker stated her pain was almost completely gone after the injection, but the next day the pain returned and was somewhat worse. Physical examination on 07/17/2014 revealed complaints of cervical pain. Examination of the cervical spine revealed limited range of motion per fusion, pain with extension. There was tenderness on the right C2-3 facet. Medications were amitriptyline, Carisoprodol, cyclobenzaprine, Fluarix Quad, hydrocodone, Lorazepam, Lotemax 0.5%, progesterone, Topiramate, and Valacyclovir. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Inter-articular Facet Injection at the left C4-C5 and C5-C6 #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Facet Joint Diagnostic Blocks

Decision rationale: The Official Disability Guidelines state that facet joint diagnostic blocks are recommended prior to facet neurotomy (a procedure that is considered understudy). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet nerve pain are 1 set of diagnostic medial branch blocks is required with a response of greater than 70% pain relief. The pain response should be approximately 2 hours for lidocaine. Limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than 2 joint levels are injected in 1 session. Facet joint diagnostic blocks are recommended volume of no more than 0.5 cc of inject date is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. Opioids should not be given as a sedative during the procedure. The use of IV sedation may be grounds to negate the result of a diagnostic block, and should only be given in cases of extreme anxiety. The patient should document pain relief with an instrument, such as a VAS, 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. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. It was reported that the injured worker underwent a right C2-3 diagnostic facet injection on 10/16/2013. The injured worker had immediate pain relief. But she reported she was very depressed the next day when the pain returned to higher levels. The injured worker had another block on 11/20/2013, but it does not state for how long the injured worker had pain relief. The clinical information submitted for review does not provide evidence to justify a facet injection at the left C4-5 and C5-6. Therefore, this request of diagnostic Inter-articular Facet Injection at the left C4-C5 and C5-C6 #1 is not medically necessary and appropriate.