

Case Number:	CM13-0004736		
Date Assigned:	03/03/2014	Date of Injury:	04/25/2011
Decision Date:	04/17/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/31/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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 patient is a 33-year-old female who reported an injury on 04/25/2011. The mechanism of injury was noted to be cumulative trauma. The patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis, lumbar facet joint hypertrophy, and insomnia. Her symptoms are noted to include left shoulder pain, neck pain with radiation, upper back pain with radiation, and left lower back pain with radiation to her left leg. Her physical examination of her cervical spine revealed normal sensation to the bilateral upper extremities, diminished brachioradialis reflex on the right upper extremity, normal motor strength to the bilateral upper extremities, paraspinal tenderness bilaterally at the C5-6, C6-7 and C7-T1 levels. Additionally, it was noted that she had tenderness to palpation over the facet joints bilaterally at the C5-6, C6-7 and C7-T1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL INJECTION..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by physical examination findings and corroborated by imaging studies and/or electrodiagnostic testing. The clinical information provided for review indicates that the patient reported neck pain with radiation; however, details regarding the radiation of her pain were not provided. Additionally, her physical examination findings failed to show any evidence of neurological deficits suggestive of radiculopathy. Further, an MRI report of the cervical spine was not provided for review. In the absence of significant physical examination findings consistent with radiculopathy and corroboration with imaging studies and/or electrodiagnostic testing, the request is not supported.

**CERVICAL FACET JOINT BLOCK AT THE MEDIAL BRANCH AT C5-6
BILATERALLY:** 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);FACET BLOCKS

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 & UPPER BACK, FACET JOINT DIAGNOSTIC BLOCKS; FACET JOINT PAIN, SIGNS & SYMPTOMS.

Decision rationale: According to the ACOEM Guidelines, invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. As the patient is noted to have chronic pain persisting since her injury in 2011, the Official Disability Guidelines were referenced. The ODG state that facet joint diagnostic blocks may be recommended for patients with a clinical presentation consistent with facet joint pain which is described as symptoms of unilateral pain that does not radiate past the shoulder, axial neck pain without radiation past the shoulders, tenderness to palpation over the facets, decreased range of motion in extension and rotation and an absence of radicular and neurologic findings. The guidelines further state that Final Determination Letter for IMR Case Number [REDACTED] facet joint diagnostic blocks, when indicated, may be given at no more than 2 joint levels in 1 session. The clinical information provided for review indicated that the patient had cervical spine with radiation; however, details regarding the radiation of her pain were not provided including whether the radiation was bilateral or unilateral and whether it went past her shoulder. Additionally, she was noted to have tenderness over the facets at the C5-6, C6-7, and C7-T1 levels. The ODG state that the patient's cervical pain should be nonradicular at no more than 2 levels bilaterally. In the absence of further details regarding the patient's pain, including whether it is unilateral or bilateral, and whether radiation extends beyond her shoulder, and as she was noted to have tenderness over the facet joints at 3 levels, the request is not supported.

PRE OPERATIVE CONSULTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CLEARANCE FROM AN INTERNAL MEDICINE SPECIALIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PSYCHOLOGICAL EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.