

Case Number:	CM13-0028623		
Date Assigned:	11/27/2013	Date of Injury:	04/09/2012
Decision Date:	05/06/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 & Rehabilitation 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 54-year-old female who reported an injury on 04/19/2012. The mechanism of injury was a fall. The injured worker was diagnosed with displacement of cervical intervertebral disc without myelopathy; brachial neuritis or radiculitis; spinal stenosis in the cervical region, C3-4 and C4-5; cervical facet joint syndrome; thoracic or lumbosacral neuritis or radiculitis; headache; carpal tunnel syndrome; diabetes mellitus without complication type 2 or unspecified type; essential hypertension; dysthymic disorder; insomnia; and C4-5 annular tear. The injured worker complained of pain to the head and rated the pain at 9/10; pain to the right eye at 9/10; pain to the bilateral shoulders rated at a 10/10; pain to the bilateral elbows rated at 7/10; pain to the wrist rated at 8/10; pain to the bilateral hands rated at 8/10; pain to the fingers and thumbs rated at 8/10; and pain to the neck, upper back, and lower back, all rated at a 9/10. The injured worker also reported pain to the bilateral knees at 9/10. The injured worker also reported difficulty sleeping due to the pain, waking during the night due to the pain, and symptoms of anxiety due to pain or loss of work and symptoms of depression due to pain or loss of work. The injured worker also reported fluctuating weight, decreased muscle mass and strength, numbness with pain and tingling with pain. The injured worker had decreased range of motion with the cervical spine. The injured worker had decreased reflexes with the biceps, triceps, and brachioradialis on the left. The injured worker had tenderness to palpation at the paraspinal muscles, muscle guarding and spasms bilaterally left greater than right at the cervical spine. The injured worker had tenderness to palpation in the upper trapezius bilaterally, left greater than right. The injured worker had a positive Kemp's test of the lumbar spine bilaterally. The extradural involvement/sciatic tension was positive bilaterally. The injured worker had a positive straight leg raise bilaterally. Reflexes for the knees were diminished and reflexes for the ankles were diminished on the right and absent on the left. The injured worker also had

decreased range of motion of the lumbar spine. The injured worker had tenderness to palpation at L2-S1 with muscle guarding bilaterally, left greater than right. The injured worker has been treated with physical therapy, acupuncture, massage therapy, shockwave treatment, home exercise, and medications. On 08/30/2013, a request was made for a diagnostic cervical epidural steroid injection at C3-4, C4-5, C5-6, and C6-7 due to failure of conservative treatment. A request was also made for a cervical facet joint block at medial branch level C4-5, C5-6, and C6-7 bilaterally due to failure of conservative treatment and continued complaints of pain. A request was also made for medical clearance from an internal medicine specialist prior to proceeding with the cervical facet joint blocks and cervical epidural steroid injections. A request was also made for a psychological evaluation to determine if the injured worker was sufficiently stable and secure emotionally to undergo this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC CERVICAL EPIDURAL STEROID INJECTION AT C3-C4, C4-C5, C5-C6, AND C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines state diagnostic epidural steroid injections should be performed at a maximum of 2 injections. The clinical documentation submitted indicates the request was for C3-4, C4-5, C5-6, and C6-7 which exceeds the guideline recommendations. Given the lack of documentation to support guideline criteria, the request for diagnostic cervical epidural steroid injection at C3-C4, C4-C5, C5-C6, and C6-C7 is not medically necessary and appropriate.

CERVICAL FACET JOINT BLOCK AT C3-C4, C4-C5, C5-C6, AND C6-C7 BILATERALLY:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (Acute & Chronic).

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.

Decision rationale: The California MTUS/ACOEM Guidelines state invasive techniques such as facet joint blocks have no proven benefit in treating neck and upper back symptoms. The guidelines do state many physicians believe that diagnostic and therapeutic injections may be helpful for treating chronic pain. The Official Disability Guidelines go on to state facet joint

diagnostic blocks are recommended at no more than 2 joint levels and are not recommended to be performed on the same day as epidural steroid injections. The injured worker complained of neck pain; however, the request for facet joint block at C3-4, C4-5, C5-6, and C6-7 exceeds the guideline recommendations. Also, the guidelines do not recommend facet blocks and epidural steroid injections be performed on the same day. Given the lack of documentation to support guideline criteria, the request for cervical facet joint block at C3-C4, C4-C5, C5-C6, and C6-C7 bilaterally is not medically necessary and appropriate.

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.

MEDICAL CLEARANCE FROM 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.