

<b>Case Number:</b>	CM13-0033724		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; facet block; cervical MRI imaging on October 10, 2012, notable for multilevel degenerative changes of uncertain clinical significance; electrodiagnostic testing on November 5, 2012, apparently negative for carpal tunnel syndrome; and extensive periods of time off work, on total temporary disability. In a utilization review report of September 27, 2013, the claims administrator denied a request for physical therapy, epidural steroid injections, and cervical facet blocks. No guidelines were cited with the physical therapy and examination. A non-California Medical Treatment Utilization Schedule (MTUS) guideline was cited for the facet joint injection. The applicant later appealed, on October 7, 2013. The applicant did undergo both epidural steroid injections and facet blocks at C6 and C5-C6 on November 26, 2013. An earlier progress note of October 16, 2013, is notable for comments that the applicant reports aching discomfort about the neck with paresthesias about the hands. The applicant exhibits a positive Tinel's sign about the right carpal tunnel region. The applicant is asked to remain off of work and pursue cervical facet joint blocks and an epidural steroid injection in parallel. An earlier note of September 13, 2013, is notable for comments that the applicant is having persistent neck and shoulder pain and also remains off of work as of that point in time. The applicant is using Norco for pain relief. An earlier note of September 16, 2013, is notable for comments that the applicant's treating physician intended to perform C6 epidural and facet joint blocks for diagnostic purposes, to determine if the applicant was a candidate for spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical epidural injection (ESI) at C6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** As noted on page 46 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, up to two diagnostic epidural steroid injections can be employed. In this case, the attending provider stated that he intended to perform the epidural block to determine whether or not the applicant was in fact a candidate for spine surgery or not. The attending provider intended to gauge the applicant's response to the epidural steroid injection to determine whether to pursue a surgical consultation or not. This is an approved indication for an epidural steroid injection. It is incidentally noted that it would have been preferable for the attending provider to perform the epidural steroid injection separately from the facet joint block as performing the two procedures concurrently does imply some lack of diagnostic clarity. Nevertheless, on balance, it does appear that the cervical diagnostic block portion of the request is indicated. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

**Bilateral facet block injection at C5-6 with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 8, invasive techniques such as facet joint blocks have no proven benefit in treating acute neck or upper back complaints. American College of Occupational and Environmental Medicine (ACOEM) notes that those individuals with a favorable response to facet joint blocks may be candidates for radiofrequency neurotomy procedures. In this case, however, the fact that epidural steroid blocks and facet joint blocks were sought in parallel does imply a lack of diagnostic clarity. There was no clear evidence of facetogenic pain prior to pursuit of the procedure in question. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

**Physical therapy two times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** While page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of physical medicine treatment for neuralgia and/or radiculitis of various body parts, as is present here, in this case, the attending provider did not clearly detail or document how much prior physical therapy the applicant had had over the life of the claim. It is further noted that page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines endorses tapering or reducing the frequency of treatment over time and placing an emphasis on self-directed home physical medicine. Therefore, the 9-session course of treatment being proposed here cannot be approved as a whole, particularly given the absence of clear-cut functional improvement effected through prior physical therapy. Therefore, the request remains non-certified.