

Case Number:	CM13-0035619		
Date Assigned:	01/24/2014	Date of Injury:	08/26/1988
Decision Date:	04/22/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 has a subspecialty in Interventional Spine 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 patient is a 74-year-old male with a date of injury of 08/26/1988. The listed diagnoses per [REDACTED] are: (1) Disk degeneration, lumbar spine with large herniated disk; (2) severe stenosis; (3) previous fusion dated 1990. According to report dated 09/16/2013 by [REDACTED], the patient presents with cervical myelopathy. The patient had "a lot of myomalacia of the cervical spine before we fused it, and he had a lot of myelopathy." The patient seems to be improving, but still has some leg pain and some neck pain. Treating physician believes the patient would benefit from doing an injection. Patient is noted to have significant stenosis and disk degeneration above his fusion. Examination reveals patient has decreased sensation of the upper extremities. His grip and his motor strength are much better than his lower extremities, but his neck is still bothersome. The treating physician is requesting a bilateral cervical epidural steroid injection with facet blocks at C3-C4, C4-C5, and C5-C6. Provided for review is an MRI dated 06/04/2013 which revealed "abnormal signal intensity in the cord most likely consistent with myomalacia. However, acute cord edema cannot be excluded. There is mild cord atrophy. Mild to moderate degenerative changes of the cervical spine as noted above."

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL EPIDURAL STEROID INJECTIONS WITH FACET BLOCKS AT THE LEVELS OF C3-4, C4-5 AND C5-6.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Facet Blocks pages 300-301, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Epidural Steroid Injections, page 46-47;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Blocks

Decision rationale: MTUS Guidelines page 46 and 47 recommend ESI as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. For facet blocks, ACOEM Guidelines does not support facet joint injections for treatments, but does discuss dorsal medial branch blocks and RF ablations following that on page 300 and 301. For more thorough discussion of facet joint diagnostic evaluations, ODG Guidelines is consulted. ODG Guidelines does not support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. In this case, it appears the treating physician is requesting an ESI and a facet block, both contradicting each other. ESIs are for treatment of radiculopathy. Facet blocks are for treatment for paravertebral tenderness with non-radicular symptoms. In regard to the bilateral cervical ESI, the patient on examination does not present with dermatomal distribution of pain or paresthesia, positive SLR, or any sensory changes which are required by MTUS. In addition, MRI dated 06/04/2013 showed possible myomalacia and degenerative disease, nothing significant that would corroborate radiculopathy. For the facet blocks, the treating physician is requesting a 3-level injection for diagnostic purposes. ODG Guidelines are clear that no more than 2 levels are to be performed at a time. More importantly, as medical records document, this patient is status post fusion dated 1990 at level L3-L4. Patient is also status post fusion at C3-C4, C4-C5, and C5-C6 as documented in MRI dated 06/04/2013. Facet blocks are not recommended where fusion has taken place; they are mobile segments. Recommendation is for denial for both ESI and facet block.