

<b>Case Number:</b>	CM13-0035998		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 63-year-old male who reported injury on 01/17/2007. The mechanism of injury was noted to be the patient was walking on a sidewalk when he slipped on some ice and fell down, hurting his back, neck, and arm. The patient's diagnoses were noted to include chronic low back pain, lumbar facet arthrosis, lumbar discogenic disease, status post left knee surgery times one (1), with recurrent internal derangement, cervical facet arthrosis, cervical discogenic disease, chronic cervical spine sprain/strain, and cervicogenic headaches. The examination on 08/14/2013 revealed that the patient had radiculopathy bilaterally at C5-7, with decreased sensation at C5-7. The patient had positive facet tenderness and spasm, pain, and decreased range of motion of the cervical spine. The patient had pain with extension and lateral rotation bilaterally and pain with axial compression at the cervical spine. The examination of the left knee revealed healed arthroscopic port holes. The patient had positive patellofemoral crepitation and a positive Apley's grind test. The patient had severe medial joint line tenderness to palpation. The plan was a C5-7 facet block times one (1) bilaterally, and a stem cell for the left knee as it was noted that the first injection helped. The examination of 09/03/2013 revealed that the patient had crepitus in the cervical spine and extension was the most difficult position for the patient. Additionally, it was noted that there was intermittent radicular pain to the patient's left hand greater than right hand and the patient had facet tenderness bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUT PATIENT STEM CELL INJECTION TO THE LEFT KNEE.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: ODG Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Knee and Leg chapter, Stem cell autologous transplantation.

**Decision rationale:** The Official Disability Guidelines indicate that stem cell autologous transplantation is under study for severe arthritis, including knee arthritis. This treatment is not FDA approved in the United States. The clinical documentation submitted for review indicated that the patient had a prior injection. There was lack of documentation of objective functional improvement received from the injection and a decrease in the visual analog scale (VAS) score. Additionally, as the requested treatment is not FDA approved, the request for outpatient stem cell injection to the left knee is not medically necessary.

**OUTPATIENT BILATERAL C5-7 FACET BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Injections (diagnostic) and (Therapeutic).

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, the application of secondary guidelines were sought. The Official Disability Guidelines indicate that the criteria for the use of diagnostic blocks for facet nerve pain include: the clinical presentation of facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder; objective findings of axial neck pain (either with no radiation or rarely past the shoulders); tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation); and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted, pathology in this region should be excluded. One (1) set of diagnostic medial branch blocks are required with a response of  $\geq 70\%$ . The pain response should be approximately two (2) hours for Lidocaine...limited to no more than two (2) levels bilaterally. Additionally, there should be documentation of failure of conservative treatment, including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least four (4) weeks to six (6) weeks. The clinical documentation submitted for review indicated that the patient had decreased sensation bilaterally at C5-7 and radiculopathy at C5-7. The patient had axial neck pain and tenderness to palpation over the facets and decreased range of motion. Due to the objective radicular findings, the request for outpatient bilateral C5-7 facet block is not medically necessary.

