MAXIMUS Federal Services

Case Number:	CM13-0037635		
Date Assigned:	12/18/2013	Date of Injury:	09/07/2011
Decision Date:	06/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 underlying date of injury in this case is 09/07/2011. Treating diagnoses include C4-5 and C5-6 stenosis, C5-6 disc displacement, a lateral cervical radiculopathy, a lateral lumbar spondylosis at L3-S1, L3-S1 stenosis, and status post right carpal tunnel release. On 09/10/2013, a primary treating orthopedic physician saw the patient in followup regarding constant neck pain with pain extending into the bilateral arms, right greater than left, and also constant low back pain extending down the right posterior thigh with burning to the bottom of the foot. The patient had mild weakness on the left in wrist extension and elbow flexion. Imaging studies were reviewed including MRI of the cervical spine of February 2012 which showed C3-C6 left-sided protrusion and also degenerative disease. An MRI of the cervical spine of January 2013 showed disc displacement at C4-5 and C5-6 with moderate left foraminal stenosis at C4-5. A lumbar MRI demonsrated posterior protrusion at L5-S1 and L4-5 and L3-L4. The treating physician recommended facet blocks at C4-5 and C5-6 in order to possibly identify facets as the pain generator. The treating physician also requested a are L5-S1 epidural steroid injection given worsening right leg pain and difficulty walking. I note that on gait analysis the the patient was noted to walk with a normal gait and a noral swing-through gait with no evidence of weakness walking on the toes or the heels.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS AT L5-S1, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The reported physical exam findings are inconsistent and do not clearly document neurological deficits corresponding with symptoms on diagnostic studies. The medical records do not support an indication for epidural steroid injection based on the treatment guidelines. Therefore, based on guidelines and a review of the submitted documents the request for Epidural Steroid Injecrions are not medically necessary.

FACET BLOCK INJECTIONS AT C4-5 AND C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The ACOEM Guidelines, Chapter 8 Neck, page 174, state that invasive techniques, particularly include facet joint injection into the neck, have limited value. While alternate guidelines do support medial branch block in some cases instead of facet blocks, treatment guidelines would not support the diagnosis of probable facet mediated pain in the presence of radicular symptoms such as in this case. For these multiple reasons, the request for facet block injections in the cervical spine is not supported by the treatment guidelines. Therefore, based on guidelines and a review of the submitted documents the request for Facet Block Injections are not medically necessary.