

<b>Case Number:</b>	CM13-0060154		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, has a subspecialty in 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 injured worker is a 55-year-old female who reported an injury on January 08, 2013. The mechanism of injury was not stated. Current diagnosis includes disc degeneration in the cervical spine with radiculopathy. The injured worker was evaluated on October 22, 2013. The injured worker reported persistent headaches. Physical examination revealed reflex sympathetic dystrophy in the lower extremity, as well as pain across the cervical spine into the trapezial and intrascapular area. Treatment recommendations included repeat cervical epidural steroid injections and bilateral cervical facet block injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL CERVICAL INJECTIONS AT C5-6 AND C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Page(s): 46.

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

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. There was no documentation of radiculopathy upon physical examination. There

were no imaging studies or electrodiagnostic reports submitted for review. There was no evidence of an exhaustion of conservative treatment. There was also no documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. Based on the clinical information received, the request is non-certified.

**BILATERAL FACET BLOCK INJECTIONS WITH FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Facet Injections

**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 Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that invasive techniques, such as facet joint injections, have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. There was no documentation of facet-mediated pain upon physical examination. There was no documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Based on the clinical information received, the request is non-certified.