

<b>Case Number:</b>	CM13-0062116		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/19/1999
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Orthopedic Surgery, 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 injured worker is a 50 year-old male who sustained an injury to his back on 8/19/99. The mechanism of injury was not provided for review. The records indicate that the injured worker was treated with chiropractic manipulation that included electrical stimulation and traction. A clinical note dated 5/17/13 reported that the patient has responded very well to previous conservative treatment and that he has only been treated 4 times in the past 12 months. It was reported that the injured worker is very susceptible to exacerbations and increased symptoms in his mid back. It was recommended that the injured worker continue conservative care to minimize exacerbations and maximize functional capacity. Physical exam reveals decreased cervical motion, particularly in extension; tenderness over the paracervical muscles; and intact sensory and motor exams in the upper extremities. Examination of the spine revealed tenderness over the thoracic spine with a post surgical scar and decreased range of motion. There was positive facet loading challenge in the lumbar spine with a positive straight leg raise bilaterally at 60 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 CERVICAL INTERLAMINAR EPIDURAL STEROID INJECTION AT C6-7 LEVEL:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

**Decision rationale:** The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in order for an epidural steroid injection to be recommended. There was no imaging report provided for review that would correlate with recent physical examination findings of an active radiculopathy at the C6-7 level. The MTUS also states that the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). It was reported that the patient has responded very positively to previous conservative treatment; however, there were no physical therapy notes provided for review that would indicate the amount of physical therapy visits that the patient has completed to date or the patient's response to previous physical therapy treatment. Given the clinical documentation submitted for review, medical necessity of the request for 1 cervical interlaminar epidural steroid injection at C6-7 has not been established. The requested item is not medically necessary.

**1 LUMBAR MEDIAL BRANCH BLOCK AT BILATERAL L4--5 AND L5-S1 FACETS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks (injections), Low Back Chapter.

**Decision rationale:** The Official Disability Guidelines state that medial branch blocks should be limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There was no recent focused physical examination of the lumbar spine provided for review. It was reported that the patient has responded very positively to previous chiropractic manipulation treatment. The Official Disability Guidelines state that there also must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits that the patient has completed to date or the patient's response to previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for 1 lumbar medial branch block at bilateral L4-5 and L5-S1 facets has not been established. The requested item is not medically necessary.