

<b>Case Number:</b>	CM13-0072403		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 02/22/2001. The primary diagnoses include cervical neuralgia and a cervical disc bulge. On 11/12/2013, the claimant was seen in pain management consultation. The patient was noted to have right hand pain consistent with carpal tunnel syndrome with right grip strength 3/5 and otherwise normal motor and sensory function. A cervical MRI was noted to have shown multilevel disc bulges, but the treating physician indicated that he suspected facet-related pain. The patient was diagnosed with occipital neuralgia, cervical sprain, cervical facet pain, and right carpal tunnel syndrome. Treatment requests included cervical epidural steroid injection and also bilateral C2-3, C3-4, and C4-5 facet medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL C2-C3, C3-C4, C4-C5 FACET JOINT MEDIAL BRANCH BLOCK:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

**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 such as facet injections have no proven benefit in treating acute neck and upper back symptoms. Moreover, the request at this time is at three separate cervical levels, and there is also a separate request for cervical epidural injection. The records do not suggest focal facet-mediated pain but rather suggest multifocal pain for which the treatment guidelines would not recommend benefit from medial branch blocks at three separate levels. This request is not medically necessary.

**CERVICAL EPIDURAL SPINAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 31-32.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, state that radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The medical records in this case outline symptoms which are multifocal and potentially multifactorial. The medical records do not clearly document symptoms or physical examination findings or diagnostic study results at a particular nerve root level, nor is the treatment request specific to a particular nerve root level. The requested cervical epidural injection is not supported by the records and treatment guidelines. This request is not medically necessary.