

<b>Case Number:</b>	CM14-0005790		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 46-year-old male with date of injury of 09/16/2011. The listed diagnoses per [REDACTED] dated 12/04/2013 are: 1. Cervical radiculitis/neuritis. 2. Left wrist sprain/strain. 3. Lumbar 2 to 6 mm disk herniations without myelopathy. 4. Right knee medial meniscal tear. According to the report, the patient complains of low back pain that is constant, sharp, aching, and moderate on both sides and a right knee pain that is constant, sharp, aching, and moderate as well. He also complains of pain in the right knee and experiences difficulty concentrating and sleeping. He reports constant sharp aching headaches that are moderate on the left side and slight on the right side. The pain in his neck is constant, sharp, aching, and moderate bilaterally. He is currently using the cane for assistance in ambulation. The examination of the cervical spine shows gross tenderness of the posterior neck muscles on the left side. There was evidence of trapezial muscular spasms noted on left side of the cervical spine and muscle weakness secondary to pain on the left side. Strength is 4/5. The lumbar spine shows hypolordosis and muscle spasms. Bilateral erector spinalis trigger points are positive. There is tenderness bilaterally to the lumbar spine paravertebra. Toe walk and heel walk maneuvers could not be performed bilaterally. There was general muscle weakness secondary to pain on both sides of the lower back. The patient had an asymmetrical and antalgic gait on the right with limp favoring the left. He is using a cane for assistance in ambulation. The patient also has decreased sensation of the lumbar spine at L5-S1 on the right side. The utilization review denied the request on 12/26/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR DISCOGRAM AT L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** This patient presents with chronic low back, right knee, and neck pain. The treater is requesting a lumbar discogram at L4-S1. The ACOEM Guidelines page 304 on lumbar discogram states, "Recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion....Discography may be used where fusion is a realist consideration and it may provide supplemental information prior to surgery." For fusion surgery, ACOEM Guidelines page 307 do not support fusion surgery unless there is dislocation, instability, and spondylolisthesis. The MRI dated 05/21/2013 of the lumbar spine showed a 2 to 3 mm disk bulge, which extends to both neuroforaminal exit zones without spinal stenosis at L4-L5. There is also 5 to 6 mm disk protrusion at L5-S1, which extends slightly inferiorly along the posterior endplate of S1. The progress report dated 12/04/2013 documents, "At this time after having tried multiple modalities of non-operative treatments, this patient continues to suffer from pain and disability and is inquiring about surgical options. The proper course of action at this time, in my opinion, is to obtain discograms of the lumbar spine as part of the patient's workup in order to make proper planning for further treatment." The review of records do not show any recent or prior lumbar discograms. Discograms are not indicated as a preoperative indication for fusion and IDET annuloplasty. For patients where fusion is for consideration, ACOEM requires evidence of dislocation, instability, and spondylolisthesis, which the patient does not present with. This patient does not present with a realistic consideration for fusion surgery and discogram is not indicated. The request is not medically necessary and appropriate.

**CERVICAL EPIDURAL STEROID INJECTION (CESI) AT C4-C6 X2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic.

**Decision rationale:** This patient presents with chronic low back, right knee, and neck pain. The treater is requesting cervical epidural steroid injection at C4-C6 x2. The MTUS Guidelines page 46 and 47 on epidural steroid injection states, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." In addition, no more than 2 nerve root level should be injected using transforaminal blocks. The MRI of the cervical spine dated 07/23/2013 showed a 2 mm far right posterior lateral disk protrusion at C5-C6. Furthermore, the posterior disk contour is preserved

throughout the cervical spine without evidence of significant neuroforaminal encroachment or spinal canal stenosis. The records show that the patient has not had any previous ESI in the cervical spine. The report dated 12/04/2013 shows that rotational movement of the neck did not elicit any specific numbness into the hands or the shoulder. In this case, given the lack of clear diagnosis of cervical radiculopathy specifically in the C4-C5 and C5-C6 dermatome, an ESI would not be indicated. Examination findings are unremarkable and the patient does not have much radicular symptoms either. The request is not medically necessary and appropriate.

**POST-OP PHYSICAL THERAPY 3 TIMES A WEEK FOR 3 WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Low Back (MTUS post-surgical p25,26) As compared wi.

**Decision rationale:** This patient presents with chronic low back, right knee, and neck pain. The treater is requesting 9 physical therapy visits for post injection treatment and rehabilitation. Given the denial of the requested surgery, there is no need for a post-operative rehabilitation/therapy. The request is not medically necessary and appropriate.

**FACET JOINT INJECTIONS AT C4-C6 X2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Facet joint signs and symptoms: Recommended as outlined in specific sections: Facet joint diagnostic blocks; Facet joint radiofrequency neurotomy; & Facet joint therapeutic steroid injections. The cause of this condition is largely unknown although pain is generally thought to be secondary to either trauma or a degenerative process. Traumatic causes include fracture and/or disl

**Decision rationale:** This patient presents with chronic low back, right knee, and neck pain. The treater is requesting a facet joint injection at C4-C6 x2. The ACOEM Guidelines do not support the use of facet joint injections. However, ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. In this case, the patient has non-radiating neck pain with gross tenderness of the posterior neck muscles on the left side. Evaluation of the facet joints would appear to be reasonable; however, the request is for 2 injections for 2 joint levels, which is not supported by the ODG Guidelines. Recommendation is for denial.