

<b>Case Number:</b>	CM14-0013348		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 58-year-old who has submitted a claim for Cervicalgia; and Spinal Stenosis, Lumbar Region, with Neurogenic Claudication, associated with an industrial injury date of April 27, 2011. Medical records from 2013 were reviewed, which showed that the patient complained of neck and interscapular pain with restricted range of motion of the cervical spine, left more than right. He had no arm symptoms. He also complained of low back pain associated with numbness and weakness of the lower extremities. On physical examination, cervical range of motion was restricted in all planes except with flexion. Spurling's maneuver was negative. Sensation and reflexes were intact on the upper extremities. MRI of the lumbar spine dated August 7, 2013 revealed moderate central stenosis and minimal bilateral foraminal stenosis at L4-5, and minimal bilateral foraminal stenosis at L5-S1. Treatment to date has included medications, C5 to T1 decompression and fusion, physical therapy, and epidural steroid injection (2011). Utilization review from January 9, 2014 denied the request for bilateral intraarticular facet injections at C4-5 because guidelines do not support therapeutic facet injections and there were no exceptional findings noted that would support the need to deviate from guideline recommendations; and lumbar epidural steroid injection at L4-5 because there was no documentation of functional benefit with previous lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL INTRA-ARTICULAR FACET INJECTIONS AT C4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** CA MTUS does not specifically address facet joint diagnostic blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for the use of diagnostic blocks for facet nerve pain include: (1) limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; (2) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (3) diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, cervical facet injections were requested for diagnostic purposes. Although the patient presented with non-radicular cervical pain, there was no discussion regarding failure of conservative management. Furthermore, the patient previously had a fusion procedure at the level of C5 and diagnostic facet blocks are not recommended in patients with previous fusion at the planned injection level. The criteria were not met. The request for bilateral intra-articular facet injection at C4-C5 is not medically necessary or appropriate.

#### **LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L4-5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Epidural Steroid Injections Page(s): 46.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, an epidural steroid injection was performed in 2011, which helped for only a few days. Thus, a repeat block is not recommended. Moreover, there was no discussion regarding failure of conservative management. The criteria were not met. The request for an LESI at L4-L5 is not medically necessary or appropriate.