

Case Number:	CM14-0159347		
Date Assigned:	10/03/2014	Date of Injury:	05/28/2013
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of May 28, 2013. A utilization review determination dated September 17, 2014 recommends noncertification of cervical facet injections on the left at C4-5, C5-6, and C6-7, and noncertification of cervical epidural steroid injections at C4-5, C5-6, and C6-7. A progress report dated September 5, 2014 identifies subjective complaints of pain radiating down both arms. The note states that the patient has been receiving physical therapy which has helped. Physical examination findings reveal reduced cervical range of motion, positive Spurling's sign, normal motor strength, and normal sensory examination. Diagnoses include disc disruption at C4-5, C5-6, and C6-7, radiculopathy, and facet joint syndrome at C4-5, C5-6, and C6-7. The treatment plan recommends proceeding with a cervical epidural steroid injection and facet injections. MRI of the cervical spine dated July 9, 2014 identifies neural foraminal stenosis at C4-5, C5-6, and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet joint injection Left C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections

Decision rationale: Regarding the request for cervical facet injections, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for facet injections at 3 joint levels, clearly beyond the maximum of 2 joint levels recommended by guidelines. Additionally, it is unclear exactly what conservative treatment has been attempted to address the patient's cervical facet joint pain, prior to the requested facet injections. Finally, guidelines do not support the use of facet injections in patients with untreated radiculopathy. In the absence of clarity regarding these issues, the currently requested cervical facet injections are not medically necessary.

Cervical ESI C4-5, C5-6 and C6-7 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation available for review, there are physical examination findings and subjective complaints supporting a diagnosis of radiculopathy. Furthermore, the MRI supports a diagnosis of radiculopathy. However, guidelines do not support the use of epidural injections at more than one level via the interlaminar approach and 2 levels via the transforaminal approach. Therefore, the currently requested three-level epidural injection is not medically necessary.