

<b>Case Number:</b>	CM14-0172555		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/13/1997
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2014

### 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 and is licensed to practice in North Carolina. 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 53-year-old female who reported an injury on 01/13/1997. The mechanism of injury was not provided. On 08/11/2014, the injured worker presented with pain along the neck, mid back, and low back, with radiation into the bilateral legs. Current medications included Skelaxin, Dilaudid, Nucynta, fentanyl, Trazodone, Zofran, Celebrex, Naprosyn, and Tizanidine. The injured worker underwent a transforaminal lumbar epidural steroid injection at L2-3 on 08/01/2014. Upon examination of the cervical spine, there was tenderness noted over the C3, C4, C5, and C6. Spurling's maneuver caused pain in the muscles of the neck, but no radicular symptoms. Examination of the lumbar spine noted tenderness to palpation along the lumbar paraspinals, especially around the L2-3 level. There was decreased sensation to the bilateral L2-3 dermatome. There were 2+ deep tendon reflexes that were symmetrical at the patella and Achilles tendon. The diagnoses were cervical facet syndrome, cervical pain, disc disorder of the cervical spine, and thoracic pain in spine/thoracic degenerative disc disease. The provider recommended a cervical nerve block at the bilateral C2-3, C3-4, and C4-5, a lumbar epidural steroid injection at the bilateral L2-3, and Neurontin. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Nerve Block at Bilateral C2-3, C3-4, and C4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter; and Pain Chapter, Facet Blocks, and Facet Joint Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Diagnostic Block

**Decision rationale:** The request for Cervical Nerve Block at Bilateral C2-3, C3-4, and C4-5 is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help injured workers presenting in the transitional phase between acute and chronic. The Official Disability Guidelines further state that the criteria for use of a diagnostic block for facet nerve pain include a diagnostic medial branch block with a response of greater than or equal to 70% pain reduction for approximately 2 hours. It is limited to injured workers with cervical pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of a failure to respond to conservative treatment including medications, home exercise, physical therapy, and NSAIDs, and a diagnostic block should not be performed on injured workers who have had a previous fusion procedure at the planned injection levels. There should be no more than 2 root levels injected in 1 session. The submitted medical documentation had no mention of failed conservative treatment to include physical therapy and medications. Additionally, the provider's request for a cervical nerve block at the bilateral C2-3, C3-4, and C4-5 exceeds the guideline recommendation that no more than 2 joint levels be injected in 1 session. As such, the request is not medically necessary.

### **Lumbar Epidural Steroid Injection at Bilateral L2-3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and ESIs

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

**Decision rationale:** The request for a Lumbar Epidural Steroid Injection at Bilateral L2-3 is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. The injections should be performed with the use of fluoroscopy for guidance, and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review does not show that the injured worker has completed initially recommended conservative treatment. There were no physical examination findings corroborating with imaging and/or electrodiagnostic testing of

radiculopathy. The physical examination noted tenderness to palpation over the L2-3 of the lumbar spine and decreased sensation in the L2-3 dermatome bilaterally. More information is needed to address motor strength deficits and evidence of a straight leg raise test. In addition, the documentation fails to show the injured worker would be participating in an active treatment program after receiving the requested injection. The request failed to specify the use of fluoroscopy for guidance in the request as submitted. As such, medical necessity has not been established.

**Neurontin 300mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The request for Neurontin 300mg #90 with 3 refills is not medically necessary. The California MTUS Guidelines state that Neurontin has been shown to be effective for diabetic painful neuropathy and post herpetic neuralgia, and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of an AED depends on improved outcomes versus tolerability of adverse effects. There is a lack of documentation of treatment history and the length of time the injured worker has been prescribed Neurontin. The efficacy of the medication is not documented. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.