

Case Number:	CM14-0022176		
Date Assigned:	05/09/2014	Date of Injury:	10/22/2002
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Rehabilitation & 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:

This patient is a 47-year-old male with date of injury of 10/22/2002. Per treating physician's report 01/15/2014, the patient presents with persistent symptoms of radiating sore, sharp, shooting, throbbing, pulsing, aching, and stinging. The patient has shoulder pain at 7/10 bilaterally, neck pain constant at 7/10, low back pain constant at 7/10. Examination findings show reflexes of the knees that are too equal bilaterally, the patient has "noted sensory deficit" with this sort of superficial tactile sensibility with some abnormal sensation or slight pain on the medial forearm on the right which corresponds to the L3 dermatome. Examination of the cervical spine shows symmetric reflexes, somewhat diminished range of motion, and no other examination findings are noted on this report. Under treatment and plan, the treating physician has asked for cervical epidural steroid injection to the cervical spine with facet joint block injection to the bilateral C3-C4-C5 levels, and once the cervical spine injections are done then to proceed with facet injections to the lumbar spine. 12/18/2013 report by treating physician has very similar reporting, and they appear identical under subjective complaints with the patient's neck pain at 7/10. Examination is same in the cervical spine, and the patient is off of work on work status. 10/31/2013 report has similar subjective complaints, and this report does not list cervical spine, and the examination of cervical spine is the same. Review of the rest of the reports containing 94 pages has MRI of the lumbar spine, but no MRI of the cervical spine is noted. The request for cervical facet joint blocks bilaterally at C3-C4-C5 are denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION WITH FACET JOINT BLOCK
INJECTION C3 C 4 AND C4 C5 DISC LEVEL: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient presents with chronic neck, shoulders, low back pain. The request is for cervical facet injections bilaterally at C3-C4-C5. Regarding cervical facet evaluations, ACOEM Guidelines page 170 talks about radiofrequency neurotomy being effective for patients who had a positive response to facet injections. ODG Guidelines provide a much more comprehensive discussion regarding cervical facet diagnostic evaluation, and it recommends facet evaluations for cervical pain that is nonradicular and that no more than 2 levels bilaterally. In this patient, the treating physician has asked for cervical epidural steroid injection to address the patient's radicular symptoms. The patient has asked for cervical facet injections as well. ODG Guidelines do not recommend facet injections when radicular symptoms are present. Furthermore, ODG Guidelines under physical findings require "tenderness to palpation in the paravertebral area over the facet region," absence of radicular or neurologic findings. Finally, ODG states, "If radiation to the shoulder is noted, pathology in this region should be excluded." This patient has radicular symptoms for which the treating doctor has asked for cervical epidural steroid injection. Examination does not show tenderness to palpation in the paravertebral areas over the facet region. The request is not medically necessary.