

Case Number:	CM14-0024102		
Date Assigned:	06/11/2014	Date of Injury:	04/24/2012
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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, 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 female patient with the date of injury of April 24, 2012. A Consultation Report dated January 27, 2014 identifies Subjective Complaints of constant pain in her neck traveling to both shoulders down bilateral upper extremities posteriorly to elbows. She also complains of numbness in the both shoulders posteriorly to hands. Treatments and Procedures Identify the patient underwent her second diagnostic cervical epidural steroid injection on March 7, 2013 with a reduction in pain from 7-8 to 6 and restoration of ability to function to the neck. Her pain is reduced with rest, activity modification, heat, cold and ice. The patient states she has been receiving acupuncture. Objective Findings identify diminished light touch on the left corresponding to the C5, C6, C7, and C8 dermatome. Distraction test and foraminal compression test are positive on both sides. Decreased cervical ROM. Diagnoses identify cervicalgia, displacement of cervical intervertebral disc without myelopathy, and cervical facet joint syndrome/hypertrophy. Treatment Plan identifies recommend that the patient undergo cervical epidural steroid injection and cervical facet joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C3-4 AND C6-7 LEVELS: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for cervical epidural steroid injection at C3-4 and C6-7 levels, 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. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, previous ESI provided a reduction in pain from 7-8 to 6 and restoration of ability to function to the neck. However, there is no documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks. Additionally, it is unclear why the two levels currently requested were chosen, as the patient has symptoms at additional levels. All levels may be better covered with a single level interlaminar ESI. In the absence of clarity regarding those issues, the currently requested cervical epidural steroid injection at C3-4 and C6-7 levels is not medically necessary.

CERVICAL FACET JOINT BLOCK AT THE MEDIAL BRANCH AT LEVELS C2-3 AND C3-4 LEVELS: Upheld

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

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), 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 joint block at the medial branch at levels C2-3 and C3-4 levels, 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 patient has been treated with extensive conservative treatment. However, there is mention of radicular pain. Guidelines support facet joint blocks for pain that is non-radicular. As such, the currently requested cervical facet joint block at the medial branch at levels C2-3 and C3-4 levels is not medically necessary.