

Case Number:	CM14-0024114		
Date Assigned:	06/11/2014	Date of Injury:	04/23/2007
Decision Date:	11/20/2014	UR Denial Date:	01/31/2014
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 Orthopedic Spine Surgeon and is licensed to practice in New York. 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:

Patient is a male with a date of injury of April 23, 2007. Patient has chronic neck and back pain. He's had multiple MRIs of the cervical and lumbar spine. Most recent cervical MRI was performed July 2013. He chose prior decompressive surgery at T2-3 see her legs or myelomalacia from C4-T2 with advanced disc degeneration and multiple levels of facet arthropathy. The patient has a history of multiple prior epidural steroid injections. Physical examination shows no neurologic deficit. Range of motion is reduced. At issue is whether cervical injection therapies medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5/C5-6 Facet Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The patient does not meet criteria for cervical facet block treatment. Specifically there is no documentation of medial branch blocks that produce of a 70% reduction

of pain. There also should be documentation of a trial of conservative measures prior to considering invasive procedures. The patient does not meet establish criteria for facet blocks at this time. Medial branch block must be performed prior to facet blocks and must inducible 70% reduction of pain. In addition conservative measures must be clearly documented including physical therapy for the treatment of chronic neck pain. Criteria for facet blocks not met. Therefore, the request is not medically necessary.

Bilateral L4-5 and Left L5-S1 Transforaminal Epidural Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines Epidural Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: This patient does not meet established criteria for lumbar ESI because there is no radiculopathy detected on physical exam. The patient has mostly axial back pain without radiculopathy. Current guidelines indicate ESI use for chronic pain with documented radiculopathy supported by both physical exam and imaging findings. The pain should be unresponsive to conservative measures to include physical therapy. These criteria are met present in this case. In addition, epidural steroid injections are not recommended for low back pain without radiculopathy as in this case.