

Case Number:	CM14-0026499		
Date Assigned:	06/23/2014	Date of Injury:	01/14/2011
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine 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:

The claimant was injured on 01/14/11 and cervical epidural steroid injection (ESI) and medial branch blocks of the lumbar spine have been requested and are under review. The claimant also has an anxiety disorder. She is status post knee surgery. She has chronic fatigue and chronic pain. She had an MRI (magnetic resonance imaging) of the cervical spine on 10/16/13. She had congenitally shortened pedicles from C2 through 7 with mild degenerative disc disease with moderate C5-6 and mild at C3-4 and C4-5 cervical canal stenosis. An MRI of the lumbar spine revealed mild multilevel Schmorl's nodes and facet spondylosis at L4-5. There was no lumbar central canal stenosis or neural foraminal narrowing. On 11/21/13, she was seen by [REDACTED] and complained of low back pain that was level 6/10. The claimant reported that since having the facet blocks bilaterally on November 4 she was 35% improved which lasted 5 days. The cervical spine was not examined. She had restricted range of motion and tenderness of the low back with negative straight leg raise test and no neurological deficits. She had chronic neck pain. Repeat diagnostic lumbar facet blocks at L5-S1 bilaterally were recommended. She saw [REDACTED] on 12/10/13 and he recommended a cervical epidural steroid injection for radiculopathy. MRIs of the cervical and lumbar spine had been done. She had been injured in a motor vehicle accident and still had significant symptoms. She had significant radicular symptoms of the cervical spine radiating to both shoulders and upper extremities. She had low back pain that worsened with prolonged activity. MRI of the cervical spine reveals spinal stenosis particularly at C4-5 and C5-6. There was significant narrowing on top of a congenitally small spine resulting in significant stenosis. MRI of the low back showed findings at the L4-5 level with bilateral facet hypertrophy and spondylosis and thickening of the ligamentum flavum. There was no physical examination. She was prescribed Flexeril and Mobic. On 12/23/13, she saw [REDACTED] and physical examination was unremarkable. She had chronic neck pain but her neck was not examined.

Physical therapy was recommended. On 02/02/14, ████████ recommended medial branch blocks and not facet blocks at L4-5 segments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI): 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: The history and documentation do not objectively support the request for a cervical epidural steroid injection (ESI) at this time. The level to be injected is not stated. The MTUS states "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).... The criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants)." In this case, there is no clear objective evidence of radiculopathy involving the cervical spine and no recent physical examination was presented for review in support of this request. No electromyography (EMG) was submitted. There is no indication that she has failed all other reasonable conservative care, including physical therapy, or that this ESI is being recommended in an attempt to avoid surgery. The MRI (magnetic resonance imaging) report does not indicate the presence of nerve root compression at any level. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request, especially with an unidentified level to be targeted and no focal neurologic findings of radiculopathy on a physical examination, has not been clearly demonstrated. As such, the request is not certified.

MEDIAL BRANCH BLOCK L3, L4, AND L5 BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Treatment Index, 11th edition (web) (2013), Low Back, Facet joint medial branch blocks (therapeutic injections) and Low Back, Facet joint pain, signs, & symptoms.Pain Physician (2005 and 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Medial Branch Blocks (therapeutic).

Decision rationale: The history and documentation do not objectively support the request for lumbar medial branch blocks at levels L3, L4, and L5 bilaterally times six (x6). The Official Disability Guidelines (ODG) states that medial branch blocks are "not recommended except as a diagnostic tool. There is minimal evidence for treatment." There is no evidence that the blocks are being recommended for diagnostic purposes. In addition, there are no physical findings or findings on imaging studies to support proceeding with multilevel injections that are to be repeated times six. Only tenderness was described and no pain with range of motion. In addition, typically, the ODG allows injections to be repeated if significant benefit has been obtained. It is not clear whether the claimant has been advised to continue on ongoing active rehab program in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated. As such, the request is not certified.