

Case Number:	CM14-0028758		
Date Assigned:	06/16/2014	Date of Injury:	04/22/2009
Decision Date:	08/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 injured worker is a 55-year-old male who reported injury on 04/22/2009. The mechanism of injury was continuous trauma. The injured worker had an x-ray of the cervical spine on 12/19/2013 which revealed anterior and posterior spondylosis at C5-6, postural changes, and no other abnormalities. The injured worker underwent an MRI of the cervical spine on 12/16/2013, which revealed the injured worker had disc bulges and protrusions throughout the mid cervical spine, most significant at C5-6 where there was slight impression on the spinal cord. Additionally at the level of C5-6, there was bilateral uncinat process hypertrophy present with severe right neural foraminal narrowing and mild left foraminal narrowing and bilateral facet arthropathy. At the level of C6-7, there was disc desiccation and a broad-based central disc protrusion measuring 2 mm with mild central spinal canal stenosis and no neural foraminal narrowing or facet arthropathy. The physical examination of 01/07/2014 revealed the injured worker had complaints of intermittent pain in his right shoulder travelling to his neck and right arm, which were described as sharp and stabbing. The injured worker complained of intermittent neck pain travelling to his right shoulder which was described as sharp and stabbing. The documentation further indicated the physical examination revealed the reflexes for the biceps, triceps, and brachioradialis were normal bilaterally. There were no decreased dermatomal findings. There was a motor deficit of the C6 myotome on the right. There was motor deficit on the right at C7. At the level of C1-T1, palpation revealed moderate paraspinal tenderness, muscle guarding, and spasms bilaterally. The Soto-Hall test, foraminal compression test, and shoulder depressor test were positive bilaterally. The injured worker had decreased range of motion of the cervical spine in flexion by 5 degrees and extension by 5 degrees. The diagnoses included sprain and strain of the cervical region and cervical intervertebral disc displacement without myelopathy. The treatment plan included an EMG/NCV of the bilateral upper extremities, a pain

management consultation to address the cervical and lumbar spinal regions in consideration of persisting pain as well as positive MRI findings, and a follow-up evaluation with an occupational medicine consultation.

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 C5-C6 AND C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are objective findings of radiculopathy upon physical examination that are corroborated by imaging studies. There should be documentation of a failure of conservative care, including exercise, physical therapy, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had myotomal findings at the level of C5-6 on the right. The MRI indicated the injured worker had an impression on the anterior portion of the cord with slight flattening of the spinal cord. However, there was a lack of documentation of nerve impingement. There were no objective or MRI findings for the level of C6-7. The request as submitted failed to indicate the laterality for the requested injection. There was a lack of documentation of a failure of conservative care. Given the above, the request for cervical epidural steroid injection at C5-6 and C6-7 is not medically necessary.

CERVICAL FACET JOINT BLOCK AT MEDIAL BRANCH LEVELS C4-C5 AND C5-C6 BILATERALLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: The ACOEM Guidelines indicate that diagnostic facet joints 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 patients presenting in the transitional phase between acute and chronic pain. As such, application of secondary guidelines was sought. The Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include that the clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the

paravertebral areas (over the facet region), a decreased range of motion (particularly with extension and rotation), and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted, pathology in this region should be excluded. There should be 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. The pain response should be approximately 2 hours for Lidocaine limited to no more than 2 levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4 weeks to 6 weeks and the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. It is not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. The clinical documentation submitted for review failed to indicate the injured worker had the absence of radicular or neurologic findings as there were myotomal deficits at the level of C5-6. There was a lack of documentation of exceptional factors to indicate a necessity for facet injections and epidural steroid injections on the same date of service. There was a lack of documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 weeks to 6 weeks. Given the above, the request for cervical facet joint block at medial branch levels C4-5 and C5-6 is not medically necessary.

INTERNAL MEDICINE CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.