

Case Number:	CM14-0038218		
Date Assigned:	06/25/2014	Date of Injury:	01/17/2012
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/01/2014

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, and is licensed to practice in California and Washington. 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 54-year-old female who reported an injury on 2/1/11 through 2/1/12 due to cumulative trauma. On 2/17/14, the injured worker presented with constant pain in the neck, upper back pain, and difficulty falling asleep due to pain. Prior therapies include heat therapy, epidural steroid injections, and medications. Upon examination of the cervical spine, there were diminished bilateral reflexes to the triceps, and reflexes to the brachioradialis bilaterally. There was diminished light touch to the anterolateral shoulder, arm, and diminished light touch sensory deficit to the middle finger on the right. There was moderate tenderness at the facet joints bilaterally from C4 through T1. The diagnoses were displacement of cervical intervertebral disc without myelopathy at C4 through C7, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, spinal stenosis in cervical region C4 through C7, cervical facet joint syndrome, carpal tunnel syndrome to the right, and right C5 radiculopathy bilaterally for the upper extremity, per EMG study. The provider recommended a cervical epidural steroid injection stating that the injured worker showed adequate response to the procedure with increased range of motion and at least short-term pain reduction, a cervical facet joint block at the medial branch block at C4 through C7 bilaterally due to the injured worker having decreased pain in response to the first cervical epidural steroid injection and decreased radicular pain and the plan is to proceed with a rhizotomy if there is a greater than 70% pain relief. The provider also recommended a clearance from internal medicine specialist prior to proceeding with the medial branch block, and psychological evaluation to determine if the injured worker is sufficiently stable and secure emotionally to undergo the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic cervical epidural steroid injection at disc levels C5-C6 and C6-C7:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The California MTUS guidelines state that an epidural steroid injection is recommended as an option for treatment of radicular pain. Criteria for the use of an epidural steroid injection include radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing, the injured worker must be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance, and if used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is an inadequate response to the first block. The injured worker is noted with 0/10 pain relief following an initial epidural steroid injection and restoration of ability to function to the neck. However, there was no documentation as to how long the pain relief lasted. Additionally, physical examination findings indicated sensory deficits to the left corresponding to the C5 and C7 dermatomes. Guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; however, the provider indicated in the treatment plan that his examination findings are for cervical pain that is nonradicular in nature. Additionally, the provider's request did not indicate the use of fluoroscopy for guidance. As such, the request is not medically necessary.

Cervical facet joint block at the medial branch at levels C4-C5, C5-C6, and C6-C7 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS Guidelines state that invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is nonradicular, no more than two joint levels are injected in one session, a failure of conservative treatments include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Physical examination findings indicate sensory deficits on the left corresponding to the C5 and

C7 dermatomes. The guidelines recommend no more than two joint levels bilaterally, so the provider's request for cervical, C5-6, and C6-7 bilaterally exceed the guideline recommendations. Additionally, although the requesting provider states the pain is nonradicular, this conflicts with the physical examination findings. Facet injections in the presence of radiculopathy are not supported by evidence based guideline criteria. As such, the request is not medically necessary.

Clearance from an internal medicine specialist: 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.

Psychological evaluation: 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.