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| <b>Case Number:</b>   | CM14-0038545 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 04/30/2002 |
| <b>Decision Date:</b> | 08/22/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/02/2014 |

### 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 Medicine and is licensed to practice in Oklahoma and Texas. 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 50-year-old male who reported an injury on 04/30/2002. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the low back and cervical spine. The injured worker's diagnoses included reflex sympathetic dystrophy of the upper limb, cervical spondylosis with myelopathy, cervical degenerative intervertebral disc disease, cervical postlaminectomy syndrome, lumbago, thoracic or lumbosacral neuritis or radiculitis. The injured worker treatment history included a C3-7 fusion, lumbar epidural steroid injections, multiple medications, physical therapy, and home exercise program. The injured worker was evaluated on 09/17/2013. It was noted that the injured worker had increased symptoms of radiculopathy with decreased dexterity of the hands and fingers. It was noted that the injured worker underwent an MRI of the lumbar spine dated 08/14/2012 that documented the injured worker had L4-5 bilateral facet arthrosis and a disc bulge at the L5-S1 causing moderate bilateral neural foraminal narrowing. It was noted that the injured worker had undergone a cervical spine MRI on 03/08/2010 that documented bilateral biforaminal disc protrusions touching the exiting nerve roots at the C4-5, C5-6, and C6-7. No significant clinical findings were reported during that examination. The injured worker's treatment plan included a home exercise program, continuation of medications, a transforaminal epidural steroid injection at the L4-5 versus facet workup for lumbar pain, consideration of a cervical facet workup, a repeat cervical MRI, and consideration of a spinal cord stimulator therapy trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4, 5 TFE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections).

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

**Decision rationale:** The requested Right L4, 5 TFE is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have had at least 50% pain relief for 4 to 6 weeks with documented functional improvement from prior injections. There is no clinical documentation of significant pain relief for an appropriate duration with functional improvement provided within the documentation. Additionally, the most recent clinical documentation does not provide any evidence of objective findings to support radicular complaints. Therefore, an epidural steroid injection would not be indicated in this clinical situation. As such, the requested Right L4, 5 TFE is not medically necessary or appropriate.

**Cervical Facet Workup: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Facet Injections (Diagnostic).

**Decision rationale:** The request for Cervical Facet Workup is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends radiofrequency ablations for injured workers who have an appropriate response to medial branch blocks. However, Official Disability Guidelines recommend diagnostic injections for well documented facet pain at levels that have not undergone previous fusion. The clinical documentation submitted for review does indicate that the injured worker had a previous fusion from the C3-7. Therefore, facet blocks would not be indicated in this clinical situation. Additionally, the request as it is submitted does not specifically identify a requested level. In the absence of all this information, the appropriateness of the request cannot be determined. As such, the requested Cervical Facet Workup is not medically necessary or appropriate.

**Repeat MRI of Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Diagnostic Guidelines Neck indications for imaging -MRI(magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested Repeat MRI of Cervical Spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has findings consistent with a previous MRI. However, those findings were not reported within the clinical documentation submitted for review. The American College of Occupational and Environmental Medicine recommends cervical MRIs for injured workers who have progressive neurological deficits that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide physical objective findings of neurological deficits that would benefit from an additional MRI. Also, Official Disability Guidelines do not support the use of repeat imaging in the absence of a significant change in the clinical presentation of the injured worker. The clinical documentation does not support that there has been a significant change in the injured worker's clinical presentation that would require an additional MRI of the cervical spine. As such, the requested Repeat MRI of Cervical Spine is not medically necessary or appropriate.

**SCS Therapy Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) Page(s): 101.

**Decision rationale:** The requested SCS Therapy Trial is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends spinal cord stimulator trials for patients who are diagnosed with complex regional pain syndrome and have failed to respond to conservative treatment. However, it is recommended that an injured worker undergo a psychological evaluation prior to a spinal cord stimulator trial. The clinical documentation submitted for review does indicate that the injured worker underwent a psychological evaluation. However, an evaluation of the appropriateness of a spinal cord stimulator trial was not provided. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested SCS Therapy Trial is not medically necessary or appropriate.