

<b>Case Number:</b>	CM14-0044821		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Nevada. 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 records, presented for review, indicate that this 53 year old female was reportedly injured on 9/14/2011. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated 2/13/2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated cervical spine pain with range of motion; positive tenderness to palpation paraspinal muscles, straightening of the normal orthotic curve, no focal motor deficits was noted. Diagnostic imaging studies included x-rays of the cervical spine, which revealed no fractures, straightening of the normal lordotic curve and no new findings. Previous treatment included previous surgery, physical therapy, and medications. A request was made for bilateral cervical epidural steroid injections at C6 to C7, bilateral cervical facet block injections at C6 to C7 and was not certified in the preauthorization process on 3/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL CERVICAL EPIDURAL INJECTIONS at C6-7.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there was no documentation of radiculopathy on physical exam. As such, the requested procedure is deemed not medically necessary.

**BILATERAL CERVICAL FACET BLOCK INJECTIONS AT C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5.

**Decision rationale:** Injection procedures, such as injection of trigger points, facet joints, or corticosteroids, Lidocaine, or opioids in the epidural space 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. After reviewing the medical records provided, most recent note has minimal subjective complaints in the history but no significant documentation of radiculopathy in the physical exam section. Therefore, this request is deemed not medically necessary.