

<b>Case Number:</b>	CM14-0048336		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/06/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Family 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:

This is a 36 year old female who reported an industrial injury to the neck and RUE on 10/6/2012, almost 2 years ago, attributed to the performance of her customary job tasks as a station dispatcher reported as phone work, keyboarding, and mousing. The patient complained of neck pain; upper back pain; and right arm pain. The patient is been treated with medications; 12 sessions physical therapy; acupuncture; 12 sessions of chiropractic care/CMT activity modification; and a TENS unit. The objective findings on examination included height 5'8"; weight 380 pounds; tenderness at the spinous processes of C5 and C6 on the left and at C7 on the right; tenderness over the right trapezius; right sided posterior cervical muscle tenderness; diminished cervical spine range of motion; tenderness to palpation noted in the anterior aspect of the rotator cuff and over the biceps tendon; shoulder range of motion was documented as diminished. X-rays of the cervical spine demonstrated evidence of some tilt of C3 on C4; foraminal narrowing on the right side of C3-C4; some facet joint arthritic changes at the C2-C3 level; all of the disc space and foramen appear to be wide open. The diagnoses included neck pain and right upper extremity pain along with morbid obesity. The treatment plan included cervical spine ESI and facet injection at C3-C4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural and facet injection at right C3-C4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174-175; 187; 300; 179-180, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-facet joint diagnostic blocks, neck and upper back chapter-epidural steroid injections.

**Decision rationale:** The request for the cervical spine ESI is inconsistent with the recommendations of evidence-based guidelines, as the patient is not documented to have objective findings consistent with a nerve impingement radiculopathy. The MRI of the cervical spine demonstrated only cervical spine DDD and no signs of a nerve impingement radiculopathy. There are no recommendations for a cervical ESI as for degenerative disc disease. The MRI of the cervical spine does not demonstrate a nerve impingement radiculopathy. There is no Electrodiagnostic evidence of a progressive radiculopathy. There was no objective evidence provided by the requesting provider to support the medical necessity of the requested cervical epidural injection for the treatment of chronic neck and UE pain or the stated subjective radiculopathy. There were no documented objective findings consistent with a radiculopathy on physical examination as the neurological status of the patient was intact. The patient was not reported to have documented specific neurological deficits over a dermatome distribution. The patient does not meet the criteria recommended by the CA MTUS for cervical ESIs as the treatment is directed to cervical spine for DDD. The use of cervical ESIs for chronic cervical pain or for cervical spine DDD is not recommended by evidence based guidelines. There is no impending surgical intervention being contemplated and the patient has requested conservative treatment. The patient is noted to be 2 years status post date of injury with no contemplated surgical intervention for the cervical spine. The provider did not provide sufficient clinical documentation in the form of subjective/ objective findings on physical examination to support the medical necessity of the prescribed Cervical ESIs in relation to the reported industrial injury. The ACOEM Guidelines state that Cervical ESIs are of "uncertain benefit" and should be reserved for those patients attempting to avoid surgical intervention to the cervical spine. The Official Disability Guidelines state that there is insufficient evidence to treat cervical radiculopathy pain with ESIs. There is no objective evidence provided to support the medical necessity of the requested cervical ESI. The American Academy of Neurology states that there is insufficient objective evidence to recommend Cervical ESIs for the treatment of cervical radiculopathies. The CA MTUS and the Official Disability Guidelines recommend that a cervical radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing in order to consider an ESI. The objective findings on physical examination did not demonstrate a cervical radiculopathy or any ongoing neurological deficits with any specificity over the global dermatological areas. There were no demonstrated neurological deficits such as sensory or motor loss over a dermatomal distribution. There was only documentation of a possible subjective radiculopathy to the RUE as there were no definite progressive neurological deficits documented. The provided clinical documentation with the stated objective findings on physical examination do not meet the criteria recommended by the ACOEM Guidelines or the CA MTUS for the use of cervical ESIs. The documentation and objective evidence submitted does not meet the threshold recommended by the CA MTUS for

the provision of a cervical ESI for the treatment of a cervical radiculopathy. The CA MTUS and the Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two cervical diagnostic ESIs and a limited number of therapeutic cervical ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 30% relief from the prior appropriately placed ESI. The therapeutic cervical ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulposus, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The provided clinical evidence from the literature all suggests that ESIs are alternatives for surgical intervention and for the treatment of lumbar radiculopathy. They all agree that the beneficial results are transitory and short-term. None of the cases provided in literature listings addresses the long-term continued use of this treatment modality when radicular signs are unsupported by clinical imaging or Electrodiagnostic studies. There is no demonstrated medical necessity for the requested cervical spine ESI. The request for the cervical MMB or facet blocks to right C3-4 is inconsistent with the recommendations of the CA MTUS for the treatment of this injured worker. There is no objective evidence of facet arthropathy to the cervical spine as documented by the Cervical Spine MRI. There are no documented neurological deficits. There is no documented pain on extension/rotation of the cervical spine. The treatment of the patient with facet blocks is recommended by based on the assessment of facet-mediated pain; however, there was no documented pain with rotation and extension of the cervical spine. The patient is assessed as having a facet pain generator. There are no objective findings on examination or on the cervical spine CT scan to support the contention of facet generated pain. The use of facet blocks and RFA to the cervical spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with neck and shoulder/back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for authorization is for more than two levels. The treating physician provided insufficient subjective and objective evidence to support the medical necessity of diagnostic cervical facet block in the anticipation of performing RFA or for the treatment of chronic neck pain. The provider did not support his request with the criteria recommended by the evidence-based guidelines. The request for the authorization of diagnostic facet blocks or median branch blocks for chronic cervical spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial cervical pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. There is no demonstrated medical necessity for the requested right C3-4 ESI or MMB/facet block.

