

<b>Case Number:</b>	CM14-0053768		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 10/16/12. The 03/14/14 pain medicine follow up states the patient presents with neck, lower back and right leg pain. Cervical examination reveals bilateral paraspinal tenderness with positive Spurlings maneuver worse left than right but does not cause radicular pain. Dorsolumbar examination shows bilateral paraspinal tenderness with positive straight leg raise on the right and decreased sensation to light touch at L5-S1 along with mild weakness L5-S1 including ankle dorsiflexion and ankle plantar flexion. No MRI studies are provided. The 01/10/14 report cites a 02/17/12 MRI that shows a 4 mm disc protrusion at L4-L5 causing moderate spinal stenosis and a 10 mm disc protrusion at L5-S1. The patient's diagnoses include: 1. Lumbar radiculopathy 2. SI joint dysfunction 3. Lumbar facet syndrome 4. Lumbar disc degeneration 5. Cervical facet syndrome 6. Cervicogenic headache The utilization review being challenged is dated 04/11/14. Reports were provided from 12/30/13 to 03/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (R) L4-L5:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back Chapter, ESI

**Decision rationale:** The patient presents with neck, "lower back and right leg" pain. The treater requests for lumbar epidural steroid injection (R) L4-L5 per report dated 01/14/14. On 12/14/13 the treater states the patient received a series of 3 ESI's over 1 year earlier, (level not stated) with 80% back relief for 6 months. A "repeat" ESI was done on 11/21/13 providing 50% relief. The procedure report provided shows 11/21/13 was at L5-S1. The 03/14/14 report states the "interlaminar" ESI of 11/21/13 resolved left leg pain and improved right leg pain by 50% for a duration of 6- 8 weeks, but the patient continues to have trouble with the right leg. The treater requests right L5-S1 and L4-L5 TFESI to target right leg pain. The 04/11/14 Utilization review states that L5-S1 was certified; however, L4-L5 was not. No MRI studies were provided for the Utilization review. ODG, Lower Back Chapter, ESI, state, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). "Criteria include: Radiculopathy must be documented by examination and corroborated by imaging and/or electrodiagnostic studies. In this case, the patient presents with "lower back and right leg" pain, examination shows "positive straight leg raise on the right" and MRI from 02/17/12 shows "moderate spinal stenosis L4-L5." Prior ESI appears to be at a different level. The request is medically necessary.

**Cervical medial branch block C5-C6, C6-C7:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/neck.htm>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Facet joint diagnostic blocks

**Decision rationale:** The patient presents with neck, "lower back and right leg" pain. The treater requests for Cervical Medial Branch Block C5-C6, C6-C7 per report dated 03/14/14. The treater states, "The patient has cervical spine pain for a significant amount of time. At previous visits, this was well controlled so she did not want treatment. At this point, though, she states her neck pain is pretty bothersome and she has a disc disease at C5-C6, C6-C7, and facet hypertrophy." The treater also states the patient has no radicular component to neck pain, the MBB is requested bilaterally, and RFA will be considered based on the patient's response. ODG, Facet joint diagnostic blocks, states, "Recommended prior to facet neurotomy (a procedure that is considered "under study") Criteria include: Limited to non-radicular cervical pain and no more than two levels bilaterally. In this case, the treater states that pain is "non-radicular" with "positive Spurling's maneuver", the patient has "bilateral paraspinal tenderness" and there is a diagnosis of "Cervical facet syndrome." The request is medically necessary.

