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| <b>Case Number:</b>   | CM14-0081554 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 08/23/2009 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 05/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2014 |

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated May 5, 2014, the claims administrator denied a request for cervical facet blocks and a lumbar epidural steroid injection. A variety of MTUS and non-MTUS Guidelines were invoked. The claims administrator seemingly based the bulk of its rationale insofar as the cervical facet injection was concerned on non-MTUS ODG Guidelines. The claims administrator also incorrectly stated that the MTUS do not address the topic of facet joint injections. The claims administrator also invoked the now-outdated, now-renumbered MTUS 9792.20e. The applicant is subsequently appealed. In a May 21, 2013 internal medicine progress note, the applicant was given diagnosis of hypertension, hypertensive heart disease, and respiratory abnormality unspecified. It was stated that the applicant had last worked on June 25, 2010. The applicant was given prescriptions for Flexeril, naproxen, Prilosec, tramadol, and Neurontin. It was stated that the applicant was receiving Workers' Compensation indemnity benefits now. In an April 2, 2014 progress note, the applicant presented with issues associated with neck pain, gastro esophageal reflux disease, and asthma. The applicant was asked to continue current medications and remain off work, on total temporary disability. In an August 27, 2013 progress note, the applicant was described as having multiple symptoms, including bilateral hand tingling and low back pain. The treating provider noted that the applicant had limited lumbar range of motion with an antalgic gait. A positive Spurling maneuver was noted. Cervical facet blocks and L5 transforaminal epidural injection therapy were sought. The

applicant was asked to obtain electrodiagnostic testing of the bilateral upper extremities. Cervical MRI imaging of February 21, 2013 was notable for moderate severe left-sided neuroforaminal stenosis at C4-C5 with mild spondylolysis noted at C5-C6 and C6-C7. Lumbar MRI imaging of February 21, 2013 was notable for a 3-mm disk bulge at L5-S1 without significant central canal stenosis. Moderate neuroforaminal stenosis and degenerative changes were noted. In a March 1, 2013 progress note, the applicant was described as having neck and low back pain radiating into the bilateral arms and legs with associated symptoms of weakness, numbness, and tingling. Lumbar pain with radiculopathy was one of the stated diagnoses.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral C4-5, C5-6 Facet Blocks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Facet Joint Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injections of corticosteroids, the article at issue here, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The attending provider has posited that the applicant has cervical radicular complaints, as evinced by paresthesias about the hands and a positive Spurling maneuver about the same. Cervical MRI imaging, referenced above, did demonstrate moderate-to-severe neuroforaminal stenosis at the C4-C5 level. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

#### **Bilateral L-5 Transforaminal Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, steroid injections

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its position by noting that up to two diagnostic blocks are supported. In this case, the applicant has some admittedly equivocal evidence of radiculopathy at the level in question. The applicant does have

evidence of a moderate bilateral foraminal stenosis at L5-S1 with an associated 3-mm disk bulge also appreciated at that level. The applicant does have complaints of low back pain radiating into legs, it has been suggested (but not clearly stated) above. The applicant does not appear to have had any prior epidural steroid injections, at least based on the progress notes provided. A trial diagnostic injection is therefore indicated. Accordingly, the request is medically necessary.