

<b>Case Number:</b>	CM14-0085469		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/31/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Illinois. 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 61-year-old female who reported injury on 07/31/2002. The mechanism of injury was cumulative trauma. The prior treatments included physical therapy, chiropractic care, and acupuncture, as well as massage. The injured worker's medications were noted to include Gabapentin, Tramadol, Ibuprofen, and Lidocaine patches. The injured worker had an EMG/NCV of the bilateral upper extremities on 03/19/2012, which revealed a normal EMG of the upper extremities and the injured worker had a severe axonal loss in the sensory fibers of the bilateral median and bilateral ulnar nerves, as well as delays in the bilateral upper extremities with latent responses. The documentation of 05/02/2014 revealed the injured worker was experiencing worsening neck pain up to a 7/10 in intensity. The surgical history was not provided. The physical examination revealed the injured worker had deep tendon reflexes diminished along the bilateral upper extremities at 2/4. The injured worker's brachioradialis was 2/4 and the triceps tendon was +2/4. The sensation was 2/2 to light touch and pinprick in the bilateral upper extremities. The documentation indicated the injured worker underwent an MRI of the cervical spine, which revealed, at the level of C6-7, there was a right facet joint hypertrophy, right greater than left. The diagnoses included cervical C6-7 mild central canal stenosis and cervical C4-7 disc protrusion. The treatment plan included a facet injection at C6-7 and physical therapy. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical- 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s) : 103.

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

**Decision rationale:** The Official Disability Guidelines indicate the medical treatment of physical therapy for post-injection treatment is 1 to 2 visits over 1 week. The request for 12 visits would be excessive. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Physical Therapy, Cervical- 12 sessions is not medically necessary.

**C7-T1 Intralaminar ESI with fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural STeroid Injection (ESI's) Page(s) : 49.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic or MRI findings. There should be documentation of a failure of conservative treatment, including physical therapy, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to provide documentation of objective findings at the specific level of C7-T1. There was a lack of documentation indicating the injured worker had nerve impingement per MRI or EMG studies. There was a lack of documentation of a failure of conservative management. Given the above, the request for C7-T1 Interlaminar ESI with fluoroscopic guidance is not medically necessary.

**Right C6-7 Facet Joint Injection with fluoroscopic guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that diagnostic facet joints 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.

As such, application of secondary guidelines were sought. Per Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include that the clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Limited to no more than two levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There was documentation of decreased range of motion. The clinical documentation indicated the injured worker had decreased reflexes in the bilateral upper extremities and there was a lack of documentation of tenderness to palpation specifically in the paravertebral area. There was a lack of documentation of a failure of conservative care. Given the above, the request for a Right C6-7 Facet Joint Injection with fluoroscopic guidance is not medically necessary.