

<b>Case Number:</b>	CM14-0198125		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

Date of injury 5/8/14 reports transforaminal right L4/5 and L5/S1 injection. 9/3/14 note indicates pain in the back. There is reported tenderness over the cervical facet joints on the left at C4-5 and C6-7. There are positive cervical facet maneuvers on the left. There is tenderness over the L3-4 and L5 bilaterally. There is limited range of motion. Examination notes intact reflexes, sensation, and strength. Gait station is reported to be antalgic. EMG on 2/2013 is reported to show carpal tunnel syndrome with evidence of radiculopathy. 2/4/13 MRI of cervical spine reports disc degeneration at multiple levels. 4/18/14 note reports treatment with acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray guided cervical facet joint injections at left C4-C5 and C5-C6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -neck, facet intraarticular injection

**Decision rationale:** ODG guidelines support criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The medical records report pain in the neck with physical exam findings of facet mediated pain but do not detail a formal plan of additional evidence-based activity and exercise in conjunction with the injections. As such those medical records do not support medical necessity of injections congruent with ODG guidelines.

**Right L4-L5 and L5-S1 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of 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) -low back, ESI

**Decision rationale:** The medical records provided for review do not demonstrate physical examination findings consistent with radiculopathy as may be demonstrated by deficit of strength, sensation, or reflexes in a radicular pattern that is otherwise corroborated by MRI and/or neurophysiology testing. ODG guidelines do not support ESI in absence of these findings.