Case Number:	CM14-0202639		
Date Assigned:	12/15/2014	**Date of Injury:**	09/17/2009
Decision Date:	01/30/2015	**UR Denial Date:**	11/24/2014
Priority:	Standard	**Application Received:**	12/03/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49 year old male sustained a work related injury on 09/17/2009. According to Utilization Review, the injury occurred while stepping down off of E8 to his left while holding onto "C" post with his right hand, looking to his left and the same time, he overextended his right arm and felt a pinch in his neck. Computed tomography imaging reports dated 05/13/2014 included a CT scan of the cervical spine which revealed dextroscoliosis, straightened cervical lordosis, no definite narrowing of the canal or neural foramina, degenerative changes and C5-6 and C6-7 postoperative changes. Because of artifact related to that, visualization was limited. There appeared to be grossly normal alignment. There was no gross evidence of narrowing of the canal or neural foramina. According to a progress report dated 08/26/2014 the injured worker continued to have persistent cervical pain. He had been having a pattern of increasing symptoms in the left paracervical region spreading toward the left shoulder and in the right upper back. He also reported pain along the costovertebral and thoracic region on the left side along the scapular border. He was doing his usual customary work as a firefighter on full duty without any new injuries. He used ibuprofen as needed for pain. Diagnoses included cervical post laminectomy syndrome, spinal stenosis, and cervical radiculopathy due to DID, thoracic facet syndrome, cervical spinal stenosis, cervical facet syndrome and asthma. Physical exam revealed mild spasm in the left paracervical and upper trapezius muscle and in the upper thoracic muscles bilaterally. There was tenderness along the left medical scapular border. He was restricted about 10 to 20 percent cervical rotation bilaterally and with extension with rotation. All upper extremity reflexes were 1+ and symmetric. There were no long track signs. There was a healed anterior left paracervical scar. There was a possible mild bilateral sensory decrease to light touch. There was no scapular winging. According to a progress noted dated 10/20/2014, the injured worker presented with left-sided paraspinal neck pain and pain at the base of his neck

that radiated down to the T4 area from the C7 level. He had occasional radiation into the little finger bilaterally. According to the provider, a CT scan of the cervical spine and upper thoracic area showed that he had some facet arthrosis at C7-T1 and T1 and T2 bilaterally. Physical examination revealed local tenderness at the base of his neck around C7-T1 and T1-T2. According to the provider, the injured worker appeared clinically to have a C4 distribution radicular pain down the left side. In addition he had facet arthrosis at C7-T1 and T1-T2. Pain was localized to that area of his upper back and base of the neck. Recommendations included a select date of facet injections bilaterally at C7-T1 at T1-T2. On 11/24/2014 Utilization Review modified the request for left- sided C4 selective nerve root block and facet injections bilaterally at C7-T1, T1-T-2. The request was received on 11/17/2014. According to the Utilization Review physician there appeared to be radicular pain in the left arm and there wasn't indication of facet tenderness to palpation and there was no sufficient documentation or rationale for outpatient cervical facet injection bilaterally at the C7-T1 and T1-T2 levels. The Official Disability Guidelines Neck and Upper Back chapter were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sided C4 selective Nerve Root Block and Facet Injections Bilaterally at C7-T1,T1-T-2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

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

Decision rationale: According MTUS guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. According to ODG guidelines regarding facets injections, under study, current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a

treatment modality in most evidence-based reviews as their benefit remains controversial. Furthermore and according to ODG guidelines, 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. The ODG guidelines did not support facet injection for cervical pain in this clinical context. There is no documentation of facet mediated pain or that facets are the main pain generator. There is no documentation of failure of conservative therapies in this patient. No more than 2 level facet injections at one session are authorized by the guidelines. Therefore, the request for Left Sided C4 selective Nerve Root Block and Facet Injections Bilaterally at C7-T1,T1-T-2 is not medically necessary.