

<b>Case Number:</b>	CM14-0203128		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehab, has a subspecialty in Pain 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:

This 60 year old man sustained an industrial injury on 6/30/2008. The mechanism of injury is not detailed. Current diagnoses include cervical degenerative joint disease with stenosis, lumbar disc disease, bilateral carpal tunnel syndrome, left arm/wrist pain, left hip status post-surgery, and back pain with rib cage pain. Treatment has included a lumbar epidural injection, T6 epidural injection, C2 injections, facet blocks, occipital blocks, botox, physical therapy, and oral medication. Physician notes dated 9/19/2014 shows complaints of thoracic, neck and low back pain, 5-8/10, with radicular pain and headaches. The worker has received TFE bilateral L5-S1 on 9/5/2014 and states that he had felt relief for about one week, now states benefit at about 50%. The worker also received TFE right T6 on 9/12//2014 and claims moderate benefit from this. C2 blocks have yielded one year benefit for the worker and facet injections have shown significant benefit. The physical exam shows bilateral cervical paraspinal tenderness with pain on extension and negative foraminal closure tests bilaterally, tenderness to palpation over the lumbosacral spine and thoracic spine. Decreased sensation is noted on the left C5 dermatome to light touch and the bilateral S1 dermatome. There is no mention of range of motion, activities of daily living, or the worker's current ability to work. Recommendations include the treatments in question. On 11/14/2014, Utilization Review evaluated prescriptions for a bilateral C2 block and bilateral facet injections at C4-C5, C5-C6, and C6-C7. The UR physician noted that the neck pain had no documentation of clear radicular symptoms and no clear objective focal findings on physical examination that would be consistent with radiculopathy. Further, the number of levels requested for facet injections exceed the recommended amount. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C2 Block:** 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 (ODG) Back Chapter

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

**Decision rationale:** The request for bilateral C2 block is not medically necessary. The injured worker has thoracic, low back, radicular, neck pain and headaches. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines additionally state in the therapeutic phase, repeat blocks should be "based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year." The documentation submitted for review failed to show significant neurological deficits on physical examination. Additionally, the documentation failed to show that there would be participation by the injured worker in an active treatment program after the injection, such as a home exercise program or physical therapy. In the absence of the aforementioned documentation, the request as submitted does not support the evidence based guidelines. As such, the request for bilateral C2 block is not medically necessary.

**Facet Injection Bilateral C4-5 C5-6 C6-7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) , Facet joint therapeutic steroid injections.

**Decision rationale:** The request for facet injection bilateral C4-5 C5-6 C6-7 is not medically necessary. The injured worker has thoracic, low back, radicular, neck pain and headaches. The Official Disability Guidelines do not recommend the therapeutic use of facet joint steroid injections. However, while not recommended, the criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway, consist of clinical presentation consistent with facet joint pain, signs and symptoms. Additionally, there should be symptoms of neck pain, headache, shoulder pain, suprascapular pain, scapular pain, and upper arm pain. Additionally, the guidelines state that initial pain relief of 70% plus pain relief of at least 50% for duration of at least 6 weeks. When performing therapeutic blocks, no more than 2 levels may be blocked at any 1 time. There should be evidence of a formal plan of rehabilitation in addition to facet joint

injection therapy. The documentation as submitted for review fails to provide quantitative evidence of initial pain relief of at least 70% plus pain relief of at least 50% for duration of at least 6 weeks following the injured worker's initial series of facet joint injections in 2013. Additionally, there was no evidence submitted of a formal plan of rehabilitation in addition to facet joint therapy included in the submitted documentation. Moreover, the request as submitted suggests that 3 levels are requesting to be blocked. The request as submitted does not support the evidence based guidelines. As such, the request for facet injection bilateral C4-5 C5-6 C6-7 is not medically necessary.