

<b>Case Number:</b>	CM14-0217111		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/14/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70 year old female, who sustained an industrial injury on 7/14/04. She has reported neck and shoulder injury. The diagnoses have included degenerative disc disease, facet arthropathy, cervical and shoulder pain. Treatment to date has included 2 cervical spine surgeries, right shoulder surgery, oral pain medications, steroid injection, physical therapy and home exercise program. Currently, the injured worker complains of neck and left shoulder pain. Physical exam dated 11/7/14 noted no change since previous exam and tenderness is noted over the cervical facet joints along the left side of cervical spine, range of motion is reduced of cervical spine and normal for lumbar spine. On 12/12/14 Utilization Review non-certified cervical epidural steroid injection CE-4 cervical facet joint injection left C2-5, noting the lack of high quality medical evidence in support of a request for another injection. The MTUS, ACOEM Guidelines, was cited. On 12/22/14, the injured worker submitted an application for IMR for review of cervical epidural steroid injection CE-4 cervical facet joint injection left C2-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection CE-4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** Based on the 11/07/14 progress report provided by treating physician, the patient presents with neck and shoulder pain rated 9/10. The request is for CERVICAL EPIDURAL STEROID INJECTION CE-4. Per treater report dated 11/07/14, patient's diagnoses have included degenerative disc disease, facet arthropathy, cervical and shoulder pain. Physical examination on 11/07/14 revealed tenderness over the cervical facet joints along the left side of the cervical spine, and decreased range of motion, especially on extension 20 degrees. Treatment to date has included 2 cervical spine surgeries, right shoulder surgery, oral pain medications, steroid injection, physical therapy and home exercise program. Patient is permanently disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In this case, patient presents with radicular symptoms from the neck to the shoulder, but a diagnosis of radiculopathy has not been documented. There are no MRI's or electrodiagnostic reports, nor discussion provided pertaining to the cervical spine. ESI would not be indicated without a clear diagnosis of radiculopathy. MTUS guidelines support ESIs in patients only when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. MTUS further states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Moreover, prior ESI is mentioned, however results have not been discussed, either. Therefore, the request IS NOT medically necessary.

**Cervical facet joint injection left C2-C5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** The patient presents with neck and shoulder pain rated 9/10. The request is for CERVICAL FACET JOINT INJECTION LEFT C6-5. Per treater report dated 11/07/14, patient's diagnosis have included degenerative disc disease, facet arthropathy, cervical and shoulder pain. Treatment to date has included 2 cervical spine surgeries, right shoulder surgery, oral pain medications, steroid injection, physical therapy and home exercise program. Patient is permanently disabled. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if

successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." In this case, treater has documented previous epidural steroid injections, but reason for requesting facet joint injection has not been discussed. Physical examination on 11/07/14 revealed tenderness over the cervical facet joints along the left side of the cervical spine, and decreased range of motion, especially on extension 20 degrees. Treater has documented facet joint pain, however the patient has radicular symptoms. ODG guidelines limit blocks for patients with non- radicular cervical pain. Furthermore, the patient is status post 2 cervical spine surgeries, and guidelines state that the procedure is not indicated "in patients who have had a previous fusion procedure at the planned injection level." The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.