

Case Number:	CM15-0106902		
Date Assigned:	06/11/2015	Date of Injury:	01/31/2012
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 58 year old female, who sustained an industrial injury on 1/31/12. She reported pain in her neck, shoulder, left elbow, left wrist, lower back, left hip, right foot and right knee related to cumulative trauma. The injured worker was diagnosed as having cervical spondylosis with radiculopathy. Treatment to date has included an EMG/NCV study of the upper extremities, a cervical epidural injection on 10/28/13 with no benefit, physical therapy and oral pain medications. As of the PR2 dated 3/23/15, the injured worker reports pain in her neck, shoulder, left elbow, left wrist, lower back, left hip, right foot and right knee. Objective findings include cervical flexion is 40 degrees, extension is 30 degrees and lateral rotation is 30 degrees bilaterally. There is also tenderness and spasms in the neck musculature. The treating physician requested a cervical epidural steroid injection at C7-T1 interlaminar and a cervical facet joint block at C2-C3, C3-C4 and C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1 interlaminar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injections at C7-T1 interlaminar are not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. While not recommended, cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnosis is cervical spondylosis with radiculopathy. The request for authorization is dated May 13, 2015. The most recent progress note in the medical record is dated December 22, 2014. There is no contemporaneous clinical progress note documentation on or about the date of the request for authorization. Documentation from an agreed-upon medical examination (AMD) indicates the injured worker received an epidural cervical steroid injection on October 28, 2013 that did not help. Objectively, according to a progress note dated December 22, 2014, there is no objective evidence of radiculopathy. There is no physical examination. MRI showed no nerve root etiology for pain. EMG showed a mild chronic C6 - C7 radiculopathy. Consequently, absent clinical documentation with objective improvement from a prior cervical epidural steroid injection and no objective evidence of radiculopathy on examination and guideline non- recommendations for cervical epidural steroid injections given the serious risks of the procedure and the lack of quality evidence for sustained benefit, cervical epidural steroid injections at C7-T1 interlaminar are not medically necessary.

Cervical facet joint block at C2-C3, C3-C4, and C4-C5: 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), Low Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Facet joint blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, cervical facet joint blocks at C2 - C3, C3 - C4, and C4 - C5 are not medically necessary. The ACOEM

does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnosis is cervical spondylosis with radiculopathy. The request for authorization is dated May 13, 2015. The most recent progress note in the medical record is dated December 22, 2014. There is no contemporaneous clinical progress note documentation on or about the date of the request for authorization. Documentation from the most recent progress note dated December 22, 2014 does not contain any clinical documentation of facet-mediated pain. There is no physical examination documented in the progress note. There is no physical examination. The treating provider is requesting a three level cervical facet joint block. The guidelines do not recommend more than two facet joint levels injected at one session. The ACOEM states invasive techniques (facet joint injections) are questionable merit. Consequently, absent guideline non-recommendations, a request by the treating provider for a three level injection and documentation of facet-mediated pain, cervical facet joint blocks at C2 - C3, C3 - C4, and C4 - C5 are not medically necessary.