MAXIMUS Federal Services

Case Number:	CM15-0132217		
Date Assigned:	07/20/2015	Date of Injury:	08/26/2010
Decision Date:	08/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 8/26/10. The injured worker was diagnosed as having C4-5, C5-6, and C6-7 facet arthropathy with facet syndrome, C5-6 degenerative disc with right protrusion, C6-7 disc protrusion with facet syndrome and chronic bilateral C7 radiculopathy. Treatment to date has included a C7-T1 cervical translaminar epidural steroid injection, home exercise, and medication. Currently, the injured worker complains of neck pain, arm numbness, and hand numbness. The treating physician requested authorization for epidurography and bilateral C6-7 lidocaine and steroid facet injections x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet joint diagnostic blocks / Facet joint therapeutic steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, under Facet Injections, procedures.

Decision rationale: This claimant was injured 5 years ago with reported C4-5, C5-6, and C6-7 facet arthropathy with facet syndrome, C5-6 degenerative disc with right protrusion, C6-7 disc protrusion with facet syndrome and chronic bilateral C7 radiculopathy. Treatment to date has included a C7-T1 cervical translaminar epidural steroid injection, home exercise, and medication. There was continued neck pain, arm numbness, and hand numbness. The treating physician requested authorization for epidurography and bilateral C6-7 lidocaine and steroid facet injections. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding facet procedures, the ODG notes: 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 low-back 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. Although spinal imaging via epidurogram is required for all epidural steroid injections because injections performed without this radiographic guidance result in an increased risk of incorrect needle placement, such imaging is not a requirement of facet injections, where the injectate does not go into the epidural space. Also, as the primary facet injections were not certified, there would likewise be no need for an epidurogram. This request is not medically necessary.

Bilateral C6-C7 lidocaine and steroid facet injections Qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet joint diagnostic blocks/Facet joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298.

Decision rationale: This claimant was injured 5 years ago with reported C4-5, C5-6, and C6-7 facet arthropathy with facet syndrome, C5-6 degenerative disc with right protrusion, C6-7 disc protrusion with facet syndrome and chronic bilateral C7 radiculopathy. Treatment to date has included a C7-T1 cervical translaminar epidural steroid injection, home exercise, and medication. There was continued neck pain, arm numbness, and hand numbness. The treating physician requested authorization for epidurography and bilateral C6-7 lidocaine and steroid facet injections. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Given the guidance in ACOEM, facet injections are not supported. The request is non-certified.