

Case Number:	CM15-0132363		
Date Assigned:	07/20/2015	Date of Injury:	10/24/2012
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
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: 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 66-year-old male, who sustained an industrial injury on 10/24/2012. He reported neck and low back pain following hammering type activity. Diagnoses include cervical degenerative disc disease versus radiculopathy, thoracic strain/sprain, and lumbar strain/sprain versus radiculopathy. Treatments to date include Celebrex, Prilosec, Soma, Norco, and physical therapy. Currently, he complained of chronic neck pain with radiation up and down the back. The neck pain was associated with headaches. On 3/2/15, the physical examination documented cervical and lumbar spine tenderness and muscle spasms with decreased range of motion. The plan of care included medication therapy, TENS, and review of an MRI. The appeal request was to authorize a cervical facet arthroscopy epidural spinal injection, cervical, thoracic spine, lumbar spine injections, and left cervical medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-epidural spinal (CESI, TESI, LESI) cervical facet arthroscopy injection, cervical spine, thoracic, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back chapter.

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

Decision rationale: The 66-year-old patient complains of neck pain radiating into mid back and low back and intermittently into posterior skull with associated spasms and pressure, rated 4-9/10, as per progress report dated 03/02/15. The request is for injection-epidural spinal (Cesi, Tesi, Lesi) cervical facet arthroscopy injection, cervical spine, thoracic spine, lumbar spine. There is no RFA for this case, and the patient's date of injury is 10/24/12. Diagnoses, as per progress report dated 03/02/15, included cervical degenerative disc disease versus radiculopathy, thoracic sprain/strain versus radiculopathy, and lumbar sprain/strain versus radiculopathy. Medications included Vicodin, Soma, Celebrex and Prilosec. The patient is temporarily totally disabled, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The Guidelines also state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, none of the progress reports discusses the request. There is no documentation of prior ESI of the cervical spine. The patient suffers from neck pain radiating to the thoracic and lumbar spine. Although patient has had an MRI, as per progress report dated 03/02/15, this report is not available for review. The treater does not document radiculopathy during physical examination as well. Additionally, the treater does not mention the levels at which the injection will be administered. The patient does not meet the ESI criteria as per MTUS. Hence, the request is not medically necessary.

Left cervical medial branch block, epidural spinal (CESI, TESI, LESI) injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, Facet joint therapeutic steroid injections.

Decision rationale: The 66-year-old patient complains of neck pain radiating into mid back and low back and intermittently into posterior skull with associated spasms and pressure, rated 4-9/10, as per progress report dated 03/02/15. The request is for injection-epidural spinal (Cesi, Tesi, Lesi) cervical facet arthroscopy injection, cervical spine, thoracic spine, lumbar spine. There is no RFA for this case, and the patient's date of injury is 10/24/12. Diagnoses, as per progress report dated 03/02/15, included cervical degenerative disc disease versus radiculopathy, thoracic sprain/strain versus radiculopathy, and lumbar sprain/strain versus radiculopathy. Medications included Vicodin, Soma, Celebrex and Prilosec. The

patient is temporarily totally disabled, as per the same progress report. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections: 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)." In this case, the request for medial branch blocks is noted in progress report dated 03/02/15. The treater states that he would like to send the patient for medial branch blocks after reviewing the MRI report and requests for the same. As per a prior report dated 01/13/15 from the orthopedic surgeon, another treater reviewed the patient's MRI and thought that he was "a candidate for C5-6 and C6-7 medial branch blocks. The treatments have been authorized but he has not received these blocks as of this date." In the same report, the orthopedic surgeon recommends that the patient should undergo the medial branch blocks before considering radiofrequency ablation. As per progress report dated 06/16/15, after the UR date, the medial branch blocks were still pending. It is not clear why the patient has not undergone the previously approved blocks. Additionally, the current request does not include cervical levels at which the injection will be administered. Given the lack of relevant documentation, the request is not medically necessary.