

<b>Case Number:</b>	CM15-0030647		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 58 year old female who sustained a work related injury on July 31, 2009, after she tripped and fell and incurred an ankle injury. She was diagnosed with an ankle sprain and treated with anti-inflammatory drugs and pain medications. On April 20, 2104, she incurred other injuries after a fall. Treatment included muscle relaxants, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic medications, and physical therapy. She was diagnosed with cervical spine stenosis, cervical radiculopathy, cervical myelopathy, lumbar spine stenosis, lumbar radiculopathy and a thoracic compression vertebral body. Currently, the injured worker complained of ongoing neck and back pain with increased low back pain. She had limited range of motion of the cervical and lumbar spine. She complained of tingling and numbness in both feet. On February 24, 2015, a request for a lumbar facet block; Transforaminal epidural steroid injections bilateral lumbosacral roots; cervical facet blocks; and cervical epidural steroid injections were non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5, L5-S1 Facet Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines, low back chapter regarding Facet joint diagnostic blocks.

**Decision rationale:** This patient presents with neck pain with tenderness, limited range of motion and occasional numbness in the hands. The patient also complains of low back pain that radiates into the lower extremities. The current request is for L4-L5, L5-S1 FACET BLOCK. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. This patient presents with radicular symptoms with decreased strength and sensation in to lower extremities. ODG recommends diagnostic blocks for evaluation for patient's that do not have radicular symptoms. This request IS NOT medically necessary.

**Transforaminal ESI bilateral L5-S1 roots:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

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

**Decision rationale:** This patient presents with neck pain with tenderness, limited range of motion and occasional numbness in the hands. The patient also complains of low back pain that radiates into the lower extremities. The current request is for TRANSFORAMINAL ESI BILATERAL L5-S1 ROOTS. The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section, pages 46 and 47, "Recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." There is no indication of prior epidural injections. This patient presents with radicular symptoms with decreased strength and sensation in to lower extremities. MRI findings from 3/9/12 revealed facet arthropathy at L4-5 without neural foraminal narrowing and mild canal stenosis. Given the patient neuropathic pain, a trial of epidural injection is indicated and is in accordance with MTUS. This request IS medically necessary.

**Facet blocks C4-C5, C5-C6, C6-C7 bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

**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 chapter for cervical facet joint diagnostic blocks.

**Decision rationale:** This patient presents with neck pain with tenderness, limited range of motion and occasional numbness in the hands. The patient also complains of low back pain that radiates into the lower extremities. The ODG Guidelines, under the neck and upper back chapter for cervical facet joint diagnostic blocks, state that they are recommended prior to facet neurotomy and are limited to patients with cervical pain that is nonradicular and no more than two levels bilaterally. 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, the patient presents with neck pain with occasional numbness to her fingers and has a diagnosis of cervical radiculopathy. ODG recommends diagnostic blocks for evaluation for patient's that do not have radicular symptoms. This request IS NOT medically necessary.

**Interlaminar ESI C5-C6, C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

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

**Decision rationale:** This patient presents with neck pain with tenderness, limited range of motion and occasional numbness in the hands. The patient also complains of low back pain that radiates into the lower extremities. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain, to find this pain in the dermatomal distribution or corroborated findings of radiating symptoms." The patient has neck pain and "occasional numbness in the hands"; however, there is no MRI of the cervical spine to corroborate the patient's complaints. MTUS further states that "there is insufficient evidence to make any recommendation for use of epidural injections to treat radicular cervical pain." The requested cervical epidural injection IS NOT medically necessary.