

<b>Case Number:</b>	CM15-0031478		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/06/1989
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/21/2015
<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 78-year-old male, with a reported date of injury of 05/06/1989. The diagnoses include neck pain, cervical degeneration, and cervical spondylosis without myelopathy. Treatments have included an MRI of the cervical spine times three, oral medications, a soft collar, an x-ray of the cervical spine on 11/05/2014, and topical pain medications. The progress report dated 12/08/2014 indicates that the injured worker had neck pain. He rated his pain 7 out of 10. There was numbness and tingling in both hands, and weakness in both arms. The physical examination of the cervical spine showed a normal cervical alignment, no tenderness, normal, full range of motion, no obvious weakness of the paraspinals, normal sensation to light touch throughout both upper extremities, normal strength of the upper extremities, a normal motor examination of the upper extremities, a negative Spurling's test, and positive Tinel's at the elbow was noted bilaterally. The treating physician requested one steroid injection at bilateral L4-5 versus L5-S1 and one steroid injection at bilateral C4-5, C5-6, and C6-7 facet. The rationale for the request was not indicated. On 01/21/2015, Utilization Review (UR) denied the request for one steroid injection at bilateral L4-5 versus L5-S1 and one steroid injection at bilateral C4-5, C5-6, and C6-7 facet. The UR physician noted that there was no evidence of facet-mediated pain; a previous facet injection at L4-5 did not provide relief; repeat blocks are not supported; there is no support for facet joint injections at fusion levels; there is no support for facet interventions at more than two facet joint levels; and there is no support for facet interventions without a plan for rehabilitation. The non-MTUS Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection-steroid, at bilateral L4-5 vs L5-S1 facet qty: 1.00: 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, Neck Chapter.

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

**Decision rationale:** The patient presents with low back and neck pain rated 7/10. The request is for INJECTION-STEROID, AT BILATERAL C4-5, C5-6, C6-7 FACET QTY: 1:00. The RFA provided is dated 01/03/14. Patient's diagnosis included degenerative lumbar disc disease, cervical degeneration, and cervical spondylosis without myelopathy. Physical examination of the cervical spine showed a normal cervical alignment, no tenderness, normal, full range of motion, no obvious weakness of the paraspinals, normal sensation to light touch throughout both upper extremities, normal strength of the upper extremities, a normal motor examination of the upper extremities, a negative Spurling's test. Patient is retired. 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 "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections." 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Per progress report dated 08/13/13, MRI studies of C4/5, C5/6. And C6/7 showed shallow posterior disc osteophyte without stenosis, shallow broad-base posterior disc osteophyte complex which causes mild central stenosis but no foraminal stenosis, and status post discectomy and fusion; no stenosis respectively. Physical examination of the cervical musculature was not significant. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, diagnosis of Radiculopathy is not supported by the physical examination findings nor corroborated by the imaging studies. ESI would not be indicated without a clear diagnosis of radiculopathy. The request is also for 3 level injections with MTUS recommending only two. Furthermore, MTUS states on p46, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.

**Injection-steroid, at bilateral C4-5, C5-6, C6-7 facet qty:1.00: 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, Neck Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, facet joint signs and symptoms.

**Decision rationale:** The patient presents with low back and neck pain rated 7/10. The request is for INJECTION-STEROID, AT BILATERAL L4-5 VS L5-S1 FACET QTY: 1:00. The RFA provided is dated 01/03/14. Patient's diagnosis included degenerative lumbar disc disease. Lumbar physical examination revealed no significant findings. The medical records did not show lumbar MRI studies. Patient is retired. ODG guidelines L-spine chapter, under facet joint signs and symptoms: Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) Predominate axial low back pain; (3) Absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Per review of the medical records, it was noted that on 09/17/14, the patient underwent right and left L5/S1 transforaminal ESIs and right and left L4/5 facet joint injections. The patient reported "no relief from these procedures what so ever." Repeat blocks should be based on continued objective documented pain and functional improvement. Furthermore, given the previous ESI, it would appear that the patient has significant radicular symptoms for which facet joint evaluations are not recommended per ODG. Due to documented lack of efficacy, the request IS NOT medically necessary.