

<b>Case Number:</b>	CM15-0046750		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 51-year-old male, who sustained an industrial injury on May 25, 2010. He has reported bilateral shoulder pain and bilateral hand pain. Diagnoses have included cervical spine disc displacement, upper extremity neuropathy, back sprain, sprain of the shoulder/arm, wrist sprain/strain, rotator cuff syndrome, carpal tunnel syndrome, cervicobrachial syndrome, partial rotator cuff tear, rotator cuff sprain, bursitis of the shoulder, and sprain/strain of the neck. Treatment to date has included medications, physical therapy, wrist surgery, right shoulder surgery, and imaging studies. A progress note dated January 23, 2015 indicates a chief complaint of bilateral shoulder pain radiating to the neck and hands, and bilateral hand numbness, tingling and weakness. The treating physician documented a plan of care that included left shoulder surgery, postoperative therapy, preoperative blood work, spine specialist referral, pain management, continued bilateral wrist bracing, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injections x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Page(s): 46.

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

**Decision rationale:** The patient presents with bilateral shoulder pain radiating to upper extremity and low back pain radiating to lower extremity. The request is for CERVICAL EPIDURAL INJECTION X3. The request for authorization is dated 03/05/15. The patient is status-post right shoulder surgery, 05/2014. The patient is status-post carpal tunnel release, date unspecified. MRI of the cervical spine, 01/02/15, shows 3-4mm posterior central/right paracentral disc protrusion at C5-6 with resultant mild to moderate spinal stenosis. EMG, date unspecified, shows C-8 root impingement. X-ray of the cervical spine, date unspecified, shows decreased cervical lordosis and decreased disc space between C5-6 and C7-T1. X-ray of the bilateral shoulder joint, date unspecified, shows sign of rotator cuff tear to left shoulder. Range of motion is limited. Straight leg raise is negative. FABER is also negative. Tinel sign is negative. Patient notes he has had over 70 sessions of physical therapy and has had no alleviation. Patient is to continue bilateral wrist brace to use for protection. Patient's medications include Tramadol, Norco and Fenoprofen. The patient is temporarily disabled. 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 electro-diagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Treater does not discuss the request. MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. In this case, MRI of the cervical spine shows 3-4mm disc protrusion with mild to moderate spinal stenosis. However, review of provided medical records from 10/17/14 to 02/28/15, reveal no physical examination findings of neurological deficits to corroborate radiculopathy. Per progress report dated, 02/28/15, treater states, "Left upper extremity examination is unremarkable." Additionally, the treater does not indicate the levels to be injected. Finally, the request for 3 epidural steroid injections exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

**Facet injection x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 13th edition (web 2014) treatment section for the neck or the low back.

**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 (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** The patient presents with bilateral shoulder pain radiating to upper extremity and low back pain radiating to lower extremity. The request is for FACET INJECTION X3. The request for authorization is dated 03/05/15. The patient is status-post right shoulder surgery, 05/2014. The patient is status-post carpal tunnel release, date unspecified. MRI of the cervical spine, 01/02/15, shows 3-4mm posterior central/right paracentral disc protrusion at C5-6 with

resultant mild to moderate spinal stenosis. EMG, date unspecified, shows C-8 root impingement. X-ray of the cervical spine, date unspecified, shows decreased cervical lordosis and decreased disc space between C5-6 and C7-T1. X-ray of the bilateral shoulder joint, date unspecified, shows sign of rotator cuff tear to left shoulder. Range of motion is limited. Straight leg raise is negative. FABER is also negative. Tinel sign is negative. Patient notes he has had over 70 sessions of physical therapy and has had no alleviation. Patient is to continue bilateral wrist brace to use for protection. Patient's medications include Tramadol, Norco and Fenoprofen. The patient is temporarily disabled. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facetneurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). 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). 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." Treater does not discuss the request. Per progress report dated, 02/28/15, "The patient alleged to have sustained work-related injury, developed lower back pain, neck pain, right arm pain, and right leg pain since last four years and 10 months. The symptoms have been progressive. On palpation, there is tenderness of C4-C7 midline as well as paramedian and facet tenderness noted. Left upper extremity examination is unremarkable." In this case, the patient continues with neck pain that is non-radicular and no neurologic findings. However, the request for 3 facet injections exceeds what is recommended by MTUS. Furthermore, the treater does not indicate the levels to be injected. Therefore, the request IS NOT medically necessary.

### **Lumbar epidural injection x3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with bilateral shoulder pain radiating to upper extremity and low back pain radiating to lower extremity. The request is for LUMBAR EPIDURAL INJECTION X3. The request for authorization is dated 03/05/15. The patient is status-post right shoulder surgery, 05/2014. The patient is status-post carpal tunnel release, date unspecified. MRI of the cervical spine, 01/02/15, shows 3-4mm posterior central/right paracentral disc

protrusion at C5-6 with resultant mild to moderate spinal stenosis. EMG, date unspecified, shows C-8 root impingement. X-ray of the cervical spine, date unspecified, shows decreased cervical lordosis and decreased disc space between C5-6 and C7-T1. X-ray of the bilateral shoulder joint, date unspecified, shows sign of rotator cuff tear to left shoulder. Range of motion is limited. Straight leg raise is negative. FABER is also negative. Tinel sign is negative. Patient notes he has had over 70 sessions of physical therapy and has had no alleviation. Patient is to continue bilateral wrist brace to use for protection. Patient's medications include Tramadol, Norco and Fenoprofen. The patient is temporarily disabled. 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Treater does not discuss the request. MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. In the case, review of provided medical records from 10/17/14 to 02/28/15, reveal no physical examination findings of radiculopathy. Per progress, report dated, 02/28/15, treater states, "SLR is negative. FABER is also negative. Left lower extremity examination is unremarkable." Additionally, no imaging studies and/or electrodiagnostic testing is provided for review to corroborate radiculopathy as required by MTUS. Radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Furthermore, the treater does not indicate the levels to be injected, and the request for 3 epidural steroid injections exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.