

<b>Case Number:</b>	CM15-0076541		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 65 year old female who sustained an industrial injury on 12/2/10. She had complaint of pain in her neck, lower back and right big toe. Treatments include medications, physical therapy, chiropractic, injections and surgery. Comprehensive orthopedic report dated 3/26/15 reports constant slight pain in the neck right and left arm with occasional moderate pain. Diagnoses include: degenerative arthritis of the cervical spine, arthritis in the cervical spine lower 2 levels, radiculopathy to the right, carpal tunnel syndrome, hallux rigidus right great toe. Work status: limited to no repetitive lifting over 20 pounds and/or occasional lifting of 50 pounds no repetitive forceful gripping and grasping. Plan of care includes: inflammation medicine and as per needed basis, occasional muscle relaxant, occasional trigger point injections in the neck or right and left upper extremity, occasional use of right and/or left wrist support, 2 physical therapy visits to educate on home exercises and 1 visit every 3 months for two years for updates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transfacet epidural steroid injections C5-C6 and C6-C7 cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

**Decision rationale:** MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended with C5, C6, and C7. Per report review, objective findings indicate radiculopathy symptoms and diagnosis, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). The Bilateral transfacet epidural steroid injections C5-C6 and C6-C7 cervical spine are not medically necessary and appropriate.