

Case Number:	CM14-0092627		
Date Assigned:	07/25/2014	Date of Injury:	12/09/2001
Decision Date:	09/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Due to a dearth of clinical documentation related to the cervical spine in the included medical records, the clinical summary below is from information from the prior utilization review documentation. The patient is a 63 year old male who was reportedly injured on 12/09/2001. The mechanism of injury is unclear; the prior utilization review notes the patient ran into a tug with a power jack, injuring his low back. An EMG/NCV of the bilateral upper extremities on 01/04/2011 reportedly revealed evidence of moderate right and left carpal tunnel syndrome. The prior UR notes that an MRI of the cervical spine was completed on 10/25/2011; no results are available for my review nor did the prior reviewer comment on the findings. On 1/28/2013, the patient received facet injections at C3-C4 and C4-C5 which reportedly provided 80 to 90% improvement in pain for over 14-months. There were no reports from diagnostic studies available for review. Progress report dated 05/20/2014 documented the patient to have back pain and bilateral severe leg pain, right greater than left. He stated the pain radiated into the buttock and posterolateral thigh. He reported associated tingling of the medial aspect of his right ankle and foot. On exam, he had tenderness over the right sciatic notch. Forward and backward lumbar flexion were 80 and 15 degrees. He had reproducible pain with active lumbar extension. The sciatic nerve stretch test was negative on the left and positive on the right at 45 degrees. Sensation was decreased of the right L4 and L5 dermatomes. He was diagnosed with L4-L5 and L5-S1 degenerative spondylosis with foraminal stenosis and bilateral L4 and L5 radiculitis secondary to foraminal stenosis. A recommendation was made for a bilateral L4-5 foraminotomy. Prior utilization review dated 05/29/2014 stated the request for Cervical Facet Steroid Injection at the levels of the bilateral C3-C4 and C4-C5 under fluoroscopic guidance and conscious sedation was not certified as information presented failed to meet evidence based guidelines. The prior UR notes that an MRI of the cervical spine was completed on 10/25/2011;

no results are available for my review nor did the prior reviewer comment on the findings. On 1/28/2013, the patient received facet injections at C3-C4 and C4-C5 which reportedly provided 80 to 90% improvement in pain for over 14-months. There were no reports from diagnostic studies available for review. Progress report dated 05/20/2014 documented the patient to have back pain and bilateral severe leg pain, right greater than left. He stated the pain radiated into the buttock and posterolateral thigh. He reported associated tingling of the medial aspect of his right ankle and foot. On exam, he had tenderness over the right sciatic notch. Forward and backward lumbar flexion were 80 and 15 degrees. He had reproducible pain with active lumbar extension. The sciatic nerve stretch test was negative on the left and positive on the right at 45 degrees. Sensation was decreased of the right L4 and L5 dermatomes. He was diagnosed with L4-L5 and L5-S1 degenerative spondylosis with foraminal stenosis and bilateral L4 and L5 radiculitis secondary to foraminal stenosis. A recommendation was made for a bilateral L4-5 foraminotomy. Prior utilization review dated 05/29/2014 stated the request for Cervical Facet Steroid Injection at the levels of the bilateral C3-C4 and C4-C5 under fluoroscopic guidance and conscious sedation was not certified as information presented failed to meet evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Steroid Injection at the levels of the bilateral C3-C4 and C4-C5 under fluoroscopic guidance and conscious sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck, Cervical Facet Stenois injection.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) notes that facet injection of corticosteroids is not recommended as a treatment for neck pain. Per the Official Disability Guidelines (ODG), facet joint injections are performed with a diagnostic purpose primarily, with the intent of proceeding to facet neurotomy at the diagnostic levels if successful. Facet diagnostic blocks of the medial branch nerves have been found to have better predictive effect than facet intra-articular injections with corticosteroids. One set of diagnostic medial branch blocks (MBB) performed on an individual with clinical presentation of facet pain is recommended. A positive result is greater than or equal to 70% response rate, with approximately 2-hours of pain relief for a lidocaine injection. Injections should be limited to patients with non-radicular cervical pain, performed at no more than two levels bilaterally. They should only be performed after there has been a documented failure of conservative treatment. No more than two joint-levels should be injected in one session. The medical records provided do not include any progress reports which document any cervical spine findings or complaints, nor do they include any copies of diagnostic reports related

to the cervical spine or otherwise. Based on the ACOEM and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.