

Case Number:	CM15-0123236		
Date Assigned:	07/07/2015	Date of Injury:	08/05/2014
Decision Date:	08/06/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 57 year old male who sustained an industrial injury on 08/05/2014. He reported being in a company vehicle and being rear-ended by another vehicle while stopped at a red light. He noted immediate neck and lower back discomfort. The injured worker was diagnosed as having lumbosacral spondylosis, and spinal stenosis of lumbar spine, low back pain, whiplash injury of neck, and cervical spondylosis. Treatment to date has included 18 sessions of physical therapy for the neck. Currently, the injured worker complains of pain on the left side of the neck which is getting better, rating a 3/10 on the pain scale at rest. He states he can move his neck a little better. There is radiating pain to the top of both shoulders but no radiculopathy to arms. His pain at the lower back is constant and dull with a sharp pain radiating to the right leg at night. Bending, twisting, prolonged sitting and walking increase his pain. Objective findings include minimal to mild tenderness at the cervical spine and mild tenderness at the bilateral paracervical and upper trapezius muscles with mild limitations in range of motion in all planes with associated pain. The back has mild tenderness at L2-L5 midline spine and minimal tenderness across the paralumbar muscles bilaterally. He does complain of radicular symptoms to right leg. The seated straight leg raise is negative. Medications include Tramadol and Ibuprofen. The treatment plan is to return to work with modified status of no lift or carry, pull or push above 30 lbs. and no repetitive bending and twisting of the back. The plan of care also includes requesting a lumbar steroid injection and a left cervical facet injection in 4 weeks following the lumbar epidural steroid injection. A request for authorization is made for the

following: 1. Lumbar epidural steroid injection L4-L5, and 2. cervical facet joint injection C6-C7, C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Lumbar epidural steroid injection L4-L5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason the request for epidural steroid injection is not medically necessary.

Cervical facet joint injection C6-C7, C7-T1: 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), Facet block.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back -Facet joint diagnostic blocks (injections).

Decision rationale: Cervical facet joint injections C6-C7, C7-T1 are not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that the clinical presentation should be consistent with facet joint pain, signs & symptoms. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The documentation does not support the medical necessity of the cervical facet injections as the patient has improving pain and symptoms with improving neck movement. It is not clear that the patient has failed cervical PT therefore this request is not medically necessary.