

<b>Case Number:</b>	CM15-0174239		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/28/2005
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Massachusetts

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

### 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 55 year old female injured worker suffered an industrial injury on 10-28-2005. The diagnoses included cervical radiculopathy, cervical multilevel disc bulge, degenerative disc disease, cervical spine fusion, right shoulder impingement, lumbar facet arthrosis and left knee pain. On 8-5-2015, the treating provider reported right hand pain, neck pain, bilateral shoulder pain and lower back pain. There was increased pain in the left knee since the last appointment because the injections wore off. She had been having increased pain in the neck and headaches. She rated the pain 7 out of 10 without medication. There was a steroid injection to the left knee at that visit. On exam, the lumbar spine revealed decreased and painful range of motion with muscle spasms. The straight leg raise was positive. The exam of the cervical spine had decreased and painful range of motion. There was tenderness to the neck and facet joints. The exam of the left knee revealed tenderness and painful range of motion along with crepitation. Prior treatments included naproxen and Tylenol #3. The Utilization Review on 8-27-2015 determined non- certification for 1 Cervical Facet Blocks (C2-3) and (C3-4) bilateral and 1 Steroid Injection left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cervical Facet Blocks C2-3/C3-4 bilateral: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Corticosteroid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The claimant sustained a work injury in October 2005 and is being treated for chronic neck, low back, right shoulder, and left knee pain. She underwent a multilevel anterior cervical fusion from C4 to C7 in December 2013. When seen, she was having increased left knee pain because a prior injection had worn off. She was having increasing neck pain and headaches. Physical examination findings included left knee joint line tenderness and pain and crepitus with range of motion. There decreased and painful cervical range of motion with muscle spasms and cervical facet tenderness. A corticosteroid knee injection was administered and facet block were requested. A left knee injection was previously requested in March 2015. Being requested is authorization for bilateral cervical medial branch blocks above the fusion level. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. No more than two joint levels are to be injected in one session. In this case, the claimant has failed treatment with medication and physical therapy. There are no radicular symptoms. She has no radicular complaints and the requesting provider documents pain with cervical range of motion and facet tenderness. The number of medial branch blocks is within guideline recommendations and would be performed above the level of the prior fusion. The request is medically necessary.

### **1 Steroid Injection left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Intraarticular glucocorticosteroid Injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Corticosteroid injections.

**Decision rationale:** The claimant sustained a work injury in October 2005 and is being treated for chronic neck, low back, right shoulder, and left knee pain. She underwent a multilevel anterior cervical fusion from C4 to C7 in December 2013. When seen, she was having increased left knee pain because a prior injection had worn off. She was having increasing neck pain and headaches. Physical examination findings included left knee joint line tenderness and pain and crepitus with range of motion. There decreased and painful cervical range of motion with muscle spasms and cervical facet tenderness. A corticosteroid knee injection was administered and facet block were requested. A left knee injection was previously requested in March 2015. Criteria for an intra-articular knee injection include documented symptomatic severe osteoarthritis of the

knee according to American College of Rheumatology (ACR) criteria and symptoms not controlled adequately by recommended conservative treatments such as exercise, acetaminophen, and NSAID medication. In this case, there is no diagnosis of severe osteoarthritis by either x-ray or fulfilling the ACR criteria and the claimant has findings consistent with patellofemoral syndrome. A prior injection was done with unknown degree and duration of pain relief. The requested intra-articular knee injection is not medically necessary.