

<b>Case Number:</b>	CM14-0169849		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Orthopedic Surgery (Spine Fellowship Trained) and is licensed to practice in California. 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:

According to the records made available for review, this is a 58-year-old female with a 2/12/08 date of injury. At the time (10/6/14) of decision for referral to spine surgeon, cervical epidural injection C7-T1, and Hydroxyzine Hall 25mg tab take 1 twice daily, there is documentation of subjective (neck pain radiating down to the right arm and low back pain radiating down to the lower extremities, and some hands numbness that is worse at night) and objective (tenderness to palpitation and spasms over the cervical paravertebral muscles, positive Spurling's maneuver, decreased triceps and brachioradialis deep tendon reflexes, restricted range of motion of the lumbar spine, tenderness to palpitation over the lumbar paravertebral muscles, positive lumbar facet loading test and straight leg raise test, and decreased ankle and patellar jerks) findings, imaging findings (MRI of the cervical spine (8/4/14) report revealed at C7-T1: cervical spondylosis with minimal disc bulge, slight right posterolateral predominance with mild right neural foraminal stenosis; and multilevel hypertrophic facet changed with mild-moderate right neural foraminal stenosis at C3-C4 and C7-T1), current diagnoses (thoracic/lumbosacral neuritis, lumbar post laminectomy syndrome, and lumbar spine degenerative disc disease), and treatment to date (medications ( including ongoing treatment with Norco, Naproxen, and Hydroxyzine since at least 5/2/14)). Medical reports identify Hydroxyzine used for anxiety and itching. Regarding Referral to spine surgeon, there is no documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitations due to radiating neck pain for more than one month or with extreme progression of symptoms, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to spine surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupation and Environmental Medicine (ACOEM), 2nd Edition (2004), Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of thoracic/lumbosacral neuritis, lumbar post laminectomy syndrome, and lumbar spine degenerative disc disease. In addition, there is documentation of failure of conservative treatment (medications) to resolve symptoms and imaging evidence. However, despite documentation of subjective (neck pain radiating down to the right arm and some hands numbness that is worse at night) and objective (tenderness to palpitation and spasms over the cervical paravertebral muscles, positive Spurling's maneuver, and decreased triceps and brachioradialis deep tendon reflexes) findings, imaging evidence (MRI of the cervical spine (8/4/14) report revealed at C7-T1: cervical spondylosis with minimal disc bulge, slight right posterolateral predominance with mild right neural foraminal stenosis; and multilevel hypertrophic facet changed with mild-moderate right neural foraminal stenosis at C3-C4 and C7-T1), there is no documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitations due to radiating neck pain for more than one month or with extreme progression of symptoms, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms. Therefore, the request is not medically necessary.

**Cervical epidural injection C7-T1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective

(pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of thoracic/lumbosacral neuritis, lumbar post laminectomy syndrome, and lumbar spine degenerative disc disease. In addition, given documentation of imaging finding (MRI of the cervical spine identify at C7-T1 cervical spondylosis with minimal disc bulge, slight right posterolateral predominance with mild right neural foraminal stenosis; and multilevel hypertrophic facet changed with mild-moderate right neural foraminal stenosis at C3-C4 and C7-T1), there is documentation of imaging (MRI) findings (moderate or greater neural foraminal stenosis) at each of the requested levels. Furthermore, there is documentation of failure of conservative treatment (medications). However, despite nonspecific documentation of subjective findings (radiating neck pain to the right arm and some hand numbness that is worse at night), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, despite documentation of objective findings (decreased triceps and brachioradialis deep tendon reflexes), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. Lastly, there is no documentation of failure of additional conservative treatment (activity modifications and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Cervical epidural injection C7-T1 is not medically necessary.

**Hydroxyzine Hall 25mg tab take 1 twice daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydroxyzine HCL.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; (<http://www.drugs.com>)

**Decision rationale:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of anxiety, as criteria necessary to support the medical necessity of antihistamines. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Hydroxyzine is indicated (such as: anxiety and tension; and as an adjunct in organic disease states in which anxiety is manifested; or pruritus due to allergic conditions (such as chronic urticaria and atopic and contact dermatoses, and histamine-mediated pruritus)), as criteria necessary to support the medical necessity of hydroxyzine. Within

the medical information available for review, there is documentation of diagnoses of thoracic/lumbosacral neuritis, lumbar post laminectomy syndrome, and lumbar spine degenerative disc disease. In addition, there is documentation of anxiety and pruritus. However, given documentation of ongoing treatment with Hydroxyzine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydroxyzine use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydroxyzine Hall 25mg tab take 1 twice daily is not medically necessary.