

<b>Case Number:</b>	CM14-0174478		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational Medicine, has a subspecialty in Preventative Medicine and is licensed to practice in Iowa. 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:

This patient is a 32 year old male employee with date of injury of 4/26/2012. A review of the medical records indicate that the patient is undergoing treatment for post laminectomy lumbar, lumbar or thoracic radiculopathy, sprain/strain of lumbar region. Subjective complaints include low back pain, rated 10/10, shooting down posterior of both legs; numbness, tingling/pins and needles in lower legs. Objective findings include tenderness adjacent to spinous processes greater on left than right, lumbar range of motion decreased in flexion and extension. Extension provokes lumbosacral and buttock pain, left greater than right. Positive Tinel's and Phalen's test to left wrist. Medications have included Norco (unspecified date and duration), Gabapentin, Ibuprofen, Lyrica, Soma, OxyContin, and Oxycodone. Patient has a history of opioid dependence. The utilization review dated 10/14/2014 non-certified the request for Percocet 10/325mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Epidural steroid injection to the cervical spine at the C6-C7 left side: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Epidural steroid injections (ESIs)

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available documentation did not detail a trial and failure of conservative treatment including physical medicine or a home exercise program. The EMG/NCV suggest C6 disc and nerve root involvement, the physical exam findings only reveal evidence of mild decreased cervical range of motion without significant evidence of a neurological deficit. As such, the request for 1 epidural steroid injection to the cervical spine at the C6-C7 left side is not medically necessary.

**Six follow up visits, once a month for six months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Office Visits

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set

number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM states in the neck and upper back section "Referral for surgical consultation is indicated for patients who have:- 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 electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term- Unresolved radicular symptoms after receiving conservative treatment"Medical records do not indicate any red flags for immediate follow up visits. The treating physician does not detail well why the follow up visits are needed at this time. As such the request for six follow up visits, once a month for six months is not medically necessary.