

<b>Case Number:</b>	CM14-0178055		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	04/24/2002
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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:

The injured worker is a 46 year old male with several dates of injury stemming from the late 1990's in his capacity as a corrections officer. He has had a torn left Achilles' tendon with 2 surgeries to repair and 3 prior back surgeries. In the early 2000's he became aware of neck pain radiating to the left and right upper extremities. An MRI scan of the cervical spine has revealed evidence of uncoverteral joint hypertrophy at C5-C6 and C6-C7 resulting in mild right sided neural foraminal compromise at those levels. He had a series of 3 cervical epidural steroid injections previously with resolution of right upper extremity pain. He has had physical therapy to the cervical spine of an unspecified quantity and stated that this was not helpful. He has been complaining of neck pain with left and right upper extremity numbness involving 4/5 fingers. The physical exam has revealed tenderness in the C5-C7 regions, left greater than right, diminished sensation of 4/5 fingers on the left, and mildly diminished strength of the left wrist flexors. At issue is a previously denied right sided C6-C7 epidural steroid injection and physical therapy X 6 sessions. Since the denial of those services, the left arm symptoms have improved to the point where is using his muscle relaxant and opioid pain medication on an as needed basis only. The diagnoses include cervical degenerative disc disease, cervicalgia, and possible left ulnar nerve neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C6-7 epidural steroid injection, quantity 1:** Upheld

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

**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, Epidural steroid injection (ESI)

**Decision rationale:** The Official Disability Guideline requirements for cervical epidural steroid injections are: 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 only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.(8) Repeat injections should be based on continued objective documented pain and function response.(9) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.In this instance, the physical exam findings consistent with any neuropathy are left sided. The request is for a right sided cervical epidural steroid injection. Additionally, the symptoms have improved with conservative treatment (muscle relaxants). Because the symptoms have improved and there is no same side corroboration of radiculopathy by physical examination, a right sided C6-7 epidural steroid injection, quantity 1 , is not medically necessary.

**Physical therapy, cervical spine, quantity 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, Physical therapy (PT)

**Decision rationale:** The Official Disability Guidelines for physical therapy for neck disorders are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales.Cervicalgia (neck pain); Cervical spondylosis

(ICD9 723.1; 721.0):9 visits over 8 weeksSprains and strains of neck (ICD9 847.0):10 visits over 8 weeksDisplacement of cervical intervertebral disc (ICD9 722.0):Medical treatment: 10 visits over 8 weeksPost-injection treatment: 1-2 visits over 1 weekPost-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeksPost-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeksDegeneration of cervical intervertebral disc (ICD9 722.4):10-12 visits over 8 weeks .Brachial neuritis or radiculitis NOS (ICD9 723.4):12 visits over 10 weeksIn this instance, it appears that the injured worker did not have any success with previous physical therapy with regard to the neck. Previous treatment notes have not been included but it appears that physical therapy occurred greater than 1 year ago and likely greater than 2 years ago. Because of the time that has elapsed since physical therapy was last done, the guidelines do allow for a 6 visit physical therapy trial to establish whether more physical therapy is apt to be of benefit. Therefore, physical therapy, cervical spine, quantity 6, is medically appropriate and necessary for cervicalgia.

**CT scan, cervical guide for the right CESI, quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back - Lumbar & Thoracic (acute & chronic) (updated 08/22/14)

**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, Epidural steroid injection (ESI)

**Decision rationale:** Because the cervical epidural steroid injection at C6-C7 was not felt to be medically necessary because of the improvement in symptoms and lack of same side physical exam corroboration, CT scan, cervical guide for the right CESI, quantity 1 is likewise not medically necessary.