

<b>Case Number:</b>	CM14-0052219		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Family Medicine 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:

This is a 49-year-old male who reported an industrial injury on 2/2/2010, over four years ago, attributed to the performance of his customary job tasks which was reported as repetitive use of the upper extremities. The patient is treated for the diagnosis of cervical pain, cervical radiculopathy, elbow pain, entrapment neuropathy upper limb, carpal tunnel syndrome, shoulder pain, lateral epicondylitis and wrist pain. The patient has received treatment with cervical facet nerve blocks, cervical epidural steroid injections bilateral carpal tunnel release (CTR); bilateral epicondylitis lateral epicondyle or releases. The MRI of the cervical spine dated ones/31/2012 documented evidence of this protrusion at C6-C7 causing moderate central canal narrowing in moderate to severe neural foraminal narrowing. The patient complained of neck pain radiating from the neck down to the bilateral arms. The objective findings on examination included cervical and lumbar spine diminished range of motion; tenderness to palpation to the neck and upper back muscles; lumbar spine bilateral spasms; positive facet loading test; elbow tenderness; motor strength 5/5. The patient was noted be prescribed Pristiq; trazodone; Lyrica; Colace; Seneca; and Norco. The patient is not currently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injections at C7-T1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175; 179-180; 300, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 12 page 300; updated chapter 12 8/8/08 page 179-80; chapter 8 pages 174-175 and on the Non-MTUS Official Disability Guidelines (ODG) Neck and upper back chapter epidural steroid injections.

**Decision rationale:** The request for the cervical spine ESI is inconsistent with the recommendations of evidence based guidelines as the patient is not documented to have a nerve impingement radiculopathy. The MRI of the cervical spine demonstrated only cervical spine degenerative disc disease (DDD) and no signs of a nerve impingement radiculopathy. There are no Electrodiagnostic studies documented a cervical spine radiculopathy. There are no recommendations for a cervical epidural steroid injection (ESI) as for degenerative disc disease. The patient is noted to have had a prior cervical spine ESI directed to a disc bulge; however there was no documentation of sustained functional improvement. There was no objective evidence provided by the requesting provider to support the medical necessity of the requested cervical epidural injection for the treatment of chronic neck and upper extremity (UE) pain or the stated subjective radiculopathy. There were no documented objective findings consistent with a radiculopathy on physical examination as the neurological status of the patient was intact. The patient was not reported to have documented specific neurological deficits over a dermatome distribution. The patient does not meet the criteria recommended by the CA MTUS for cervical ESIs as the treatment is directed to cervical spine for DDD. The use of cervical ESIs for chronic cervical pain or for cervical spine DDD is not recommended by evidence based guidelines. There is no impending surgical intervention being contemplated and the patient has requested conservative treatment. The patient is noted to be 4 years status postdate of injury with no contemplated surgical intervention for the cervical spine. The provider did not provide sufficient clinical documentation in the form of subjective/ objective findings on physical examination to support the medical necessity of the prescribed Cervical ESIs in relation to the reported industrial injury. The ACOEM Guidelines state that Cervical ESIs are of "uncertain benefit" and should be reserved for those patients attempting to avoid surgical intervention to the cervical spine. The Official Disability Guidelines state that there is insufficient evidence to treat cervical radiculopathy pain with ESIs. There is no objective evidence provided to support the medical necessity of the requested cervical ESI. The American Academy of Neurology states that there is insufficient objective evidence to recommend Cervical ESIs for the treatment of cervical radiculopathies. The CA MTUS and the Official Disability Guidelines recommend that a cervical radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in order to consider an ESI. The objective findings on physical examination did not demonstrate a cervical radiculopathy or any ongoing neurological deficits with any specificity over the global dermatological areas. There were no demonstrated neurological deficits such as sensory or motor loss over a dermatomal distribution. There was only documentation of a possible subjective radiculopathy to the left shoulder as there were no neurological deficits documented. The provided clinical documentation with the stated objective findings on physical examination do not meet the criteria recommended by the ACOEM Guidelines or the CA MTUS for the use of cervical ESIs. The documentation and objective

evidence submitted does not meet the threshold recommended by the CA MTUS for the provision of a cervical ESI for the treatment of a cervical radiculopathy. The CA MTUS and the Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two cervical diagnostic ESIs and a limited number of therapeutic cervical ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 30% relief from the prior appropriately placed ESI. The therapeutic cervical ESIs are only recommended "if the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than 4 blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulposus, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The provided clinical evidence from the literature all suggests that ESIs are alternatives for surgical intervention and for the treatment of lumbar radiculopathy. They all agree that the beneficial results are transitory and short-term. None of the cases provided in literature listings addresses the long term continued use of this treatment modality when radicular signs are unsupported by clinical imaging or Electrodiagnostic studies. There is no demonstrated medical necessity for the requested cervical spine ESI.

**Consultation with Psychiatrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. Chapter 7, Page 127: Consultation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92; 398, Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 5 page 92; chapter 6 page 127; chapter 15 pages 398; chapter 6 pages 115 and Official Disability Guidelines (ODG) mental stress chapter psychological examination.

**Decision rationale:** The request for authorization of an evaluation and treatment with a psychologist/psychiatrist is not supported with subjective/objective evidence to demonstrate medical necessity. The consultation/referral is made for alleged stress, anxiety, and depression related to the date of injury over four years ago. There is no documented physical examination with a mental status evaluation or any documented objective findings consistent with depression or anxiety or a mood disorder. There is no demonstrated psychiatric industrial injury. The request for the psychiatric consultation is requested routinely and not supported by any objective evidence. There is no mental status examination by documenting objective findings of depression/mood disorder that would be an effect of the industrial injury. The provider failed to

document any ongoing objective signs of depression in the objective findings on examination. There is no documented mental status examination or documented depression associated with chronic pain issues. There was no rationale or nexus for the stated "symptoms" in relation to the mechanism of injury. There is no prior documentation of anxieties or depression for this patient and there is no rationale for the apparent change in mental status. There is no objective evidence provided that the anxieties or depression of this patient were related to the industrial injury and no nexus to the injury has been provided. The clinical narrative provided simply requests a referral to a psychiatrist with no provided objective evidence to support medical necessity and provides no rationale or objective findings suggesting an anxiety disorder or depressive disorder. There is no objective evidence to support the medical necessity of a consultation with a clinical psychologist or a psychiatrist for the effects of the industrial injury. The medical necessity of the treatment of depression or anxiety is not supported with any objective findings on examination or mental status changes. It is not clear that the stated depression is related to the industrial injury. The primary treating physician has not provided any additional objective evidence to support the diagnosis of a depressive disorder as opposed to the anxiety of everyday life. The provider did not provide a rationale to support the medical necessity of the request for authorization of a psychiatric consultation in relation to the effects of the industrial injury. The provider did not provide subjective/objective evidence of the occurrence of anxiety or depression or issues in regard of managing the currently reported pain in relation to the industrial injury. The clinical status of the patient was not described with any specificity and did not demonstrate a clear association with provided injuries. The request for authorization of psychological counseling and treatment is inconsistent with the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines for the alleged anxiety due to issues between coworkers. There is no objective evidence provided that demonstrates the medical necessity of the request for psychological/psychiatric counseling and treatment. There are no objective findings or diagnoses related to depression, stress, insomnia, or anxiety related to the effects of the alleged industrial injury as the primary treating physician (PTP) failed to provide diagnoses other than subjective or reported depression. Depression is not documented as a treating diagnosis. There is no provided evidence that would be consistent with the medical necessity for psychological consultation in relation to the effects of the industrial injury. The ACOEM guidelines state that there is insufficient evidence to support the medical necessity of psychological consultations for cited chronic pain issues. There are no objective findings or subjective information available to support the medical necessity of a psychological referral for cognitive pain management that would meet the criteria recommended by the ACOEM Guidelines or the Official Disability Guidelines. There is no provided objective subjective/objective evidence provided to support a diagnosis of depression, insomnia, and anxiety as an effect of the industrial injury. The PTP has documented no psychiatric objective findings and has no psychiatric diagnoses that would require a psychological evaluation, consultation, or treatment on an industrial basis. The request is made by a checklist without a rationale to support medical necessity.

**X-Ray of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290, 300-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back-x-rays.

**Decision rationale:** The requested Lumbar spine x-rays was not demonstrated to be medically necessary for the treatment of the patient for a lumbar sprain/strain. The obtained x-ray was inconsistent with the recommendations of the CA MTUS and the ACOEM Guidelines and the Official Disability Guidelines based on the documentation that the patient in relation to the effects of the industrial injury. There are no objective findings documented to support the medical necessity of the requested lumbar spine x-ray series. There were no objective findings consistent with the recommended criteria for the authorization of lumbar spine x-rays. The x-rays to the lumbar spine are not demonstrated to be medically necessary for the treatment of the effects of the industrial injury. There are no documented changes in clinical status to suggest that x-rays of the lumbar spine medically necessary for years after the date of injury. The requested x-rays of the lumbar spine are not demonstrated be medically necessary.