

<b>Case Number:</b>	CM14-0083426		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Internal 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:

Patient is an injured worker with the diagnoses lumbar radiculopathy, cervical radiculopathy, facet arthropathy lumbar sprain/strain lumbar, facet arthropathy cervical, hemiplegia nondominant side, sprain/strain neck. Date of injury was 05/19/2009. Primary treating physician's progress report PR-2 dated 05/08/2014 was provided by [REDACTED]. Date of injury was 05/19/2009. Subjective complaints were documented. The patient's occupational injury occurred 05/19/2009 when she was hit by a car and sustained traumatic closed head injury as well as left knee and left shoulder injuries. She had surgery on left shoulder and left knee twice. She complains of a flare of axial cervical and lumbar pain limiting range of motion ROM, activities of daily living ADL and sleep. It has not responded to conservative therapy. Patient reports increase to the low back and cervical pain today along with numbness to the dorsum of her left foot last two digits of the left arm. Patient continues to experience weakness to both the left upper and lower extremity since the accident, she previously had physical therapy PT but had to discontinue due to increase in pain. Patient was previously on Norco 5/325 tid and Celebrex 200 mg daily which offered relief. She is now using a cane to assist with ambulation since the weakness persists. She is not able to walk 30 feet without pain. She also report difficulty with performing daily activities of daily living ADLs. Current medications were Norco 5-325 mg tabs (hydrocodone-acetaminophen) 1 tab tid, synthroid, lisinopril-hydrochlorothiazide, Celebrex, Clonazepam, Seroquel xr, Alprazolam, Cymbalta. Past medical history included anxiety, hypothyroidism right hemiplegia, left knee surgery twice, left shoulder surgery. Physical examination was documented. General appearance exhibited no acute distress, speech fluent, cognition intact. Cervical exam demonstrated inspection normal, tenderness location C6-C7, bilateral paracervical tenderness L>R left greater than right. Cervical spine range of motion (in degrees) were forward flexion 45, right lateral flexion 45, left lateral flexion 45, hyperextension

75, right lateral rotation 55, left lateral rotation 55. Spurling maneuver hoffman's sign were negative. Lumbar-sacral exam demonstrated palpation and tenderness abnormal location L3-L4 bilateral paralumbar tenderness. Lumbar-sacral range of motion (in degrees) were forward flexion 60, hyperextension 5, right lateral bend 15 ,left lateral bend 15, squatting normal. Straight leg raise Patrick's maneuver, Fabere test were negative. Toe walking and heel walking were normal. Motor exam findings included gait slow using a cane, posture normal, spasm bilateral cervical and bilateral lumbar. Strength was decreased LUE left upper extremity and decreased LLE left lower extremity. Physical examination findings included sensory exam sensation to pin decreased left C6, decreased left C7, and decreased left L4; normal vibratory sensation in the upper and lower extremities; light touch decreased LUE left upper extremity and decreased LLE left lower extremity. Deep tendon reflexes in the upper and lower extremities are decreased but equal. Diagnoses were lumbar radiculopathy, cervical radiculopathy, facet arthropathy lumbar sprain/strain lumbar, facet arthropathy cervical, hemiplegia nondominant side, sprain/strain neck. Treatment plan included renewal of medication Norco 5-325 mg tabs (Hydrocodone-Acetaminophen) 1 tab TID three times a day. Requesting authorization for left cervical epidural steroid injection (ESI), left L4-L5 transforaminal/epidural steroid injection (TFE), eight sessions of physical therapy PT to start after treatment. Utilization review determination date was 05-27-2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left cervical epi @ C6,7; Anesthesia radiology; Fluoroscopic guidance:** Upheld

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

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

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses epidural steroid injections (ESIs). Epidural steroid injections are as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). ESI treatment alone offers no significant long-term functional benefit. The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of Epidural steroid injections are presented. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Available medical records did not contain magnetic resonance imaging (MRI) or electrodiagnostic testing. MTUS guidelines requires MRI or electrodiagnostic testing to corroborate radiculopathy. Therefore, medical records do not support the medical necessity of epidural steroid injections (ESIs) of the cervical spine. Therefore, the request for Left cervical epi @ C6,7; Anesthesia radiology; Fluoroscopic guidance is not medically necessary.

**Left lumbar transf @L4-5; anesthesia radiology; fluoroscopic guidance:** Upheld

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

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

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses epidural steroid injections (ESIs). Epidural steroid injections are as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). ESI treatment alone offers no significant long-term functional benefit. The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Criteria for the use of Epidural steroid injections are presented. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Utilization review determination date was 05-27-2014. Available medical records did not contain Lumbar spine MRI performed before the utilization review determination date 05-27-2014. Available medical records did not contain electrodiagnostic testing. MTUS guidelines requires magnetic resonance imaging MRI or electrodiagnostic testing to corroborate radiculopathy. Therefore, medical records do not support the medical necessity of epidural steroid injections (ESIs) of the lumbar spine. Therefore, the request for left lumbar transf @L4-5; Anesthesia radiology; Fluoroscopic guidance is not medically necessary.

**Physical Therapy 8 Sessions for Left Hemiplegia Post Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** Medical treatment utilization schedule (MTUS) provides postsurgical treatment guidelines for physical therapy. Primary treating physician's progress report PR-2 dated 05/08/2014 requested authorization for left cervical epidural steroid injection (ESI), left L4-L5 transforaminal/epidural steroid injection (TFE), eight sessions of physical therapy PT to start after treatment. Epidural steroid injections have been determined to be not medical necessary. Consequently, post-procedure physical therapy is not medically necessary. Therefore, physical therapy PT to start after ESI treatment is not necessary. Therefore, the request for physical therapy 8 sessions for left hemiplegia post injection is not medically necessary.

**Norco 5/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines presents criteria for use of opioids and strategy for opioid maintenance. Strategy for opioid maintenance recommended: (a) Do not attempt to lower the dose if it is working, (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations, (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Primary treating physician's progress report PR-2 dated 05/08/2014 was documented subjective complaints were documented. The patient's occupational injury occurred 05/19/2009 when she was hit by a car and sustained traumatic closed head injury as well as left knee and left shoulder injuries. She had surgery on left shoulder and left knee twice. She complains of a flare of axial cervical and lumbar pain limiting range of motion ROM, activities of daily living ADL and sleep. Patient reports increase to the low back and cervical pain today along with numbness to the dorsum of her left foot last two digits of the left arm. Patient continues to experience weakness to both the left upper and lower extremity since the accident, she previously had physical therapy PT but had to discontinue due to increase in pain. Patient was previously on Norco 5/325 tid and Celebrex 200 mg daily which offered relief. She is now using a cane to assist with ambulation since the weakness persists. She is not able to walk 30 feet without pain. She also report difficulty with performing daily activities of daily living ADLs. Current medications included Norco 5-325 mg tabs (hydrocodone-acetaminophen) 1 tab tid. Physical examination documented cervical and lumbosacral spine tenderness and decreased range of motion. Diagnoses were lumbar radiculopathy, cervical radiculopathy, facet arthropathy lumbar sprain/strain lumbar, facet arthropathy cervical, hemiplegia nondominant side, sprain/strain neck. Treatment plan included renewal of medication Norco 5-325 mg tabs (Hydrocodone-Acetaminophen) 1 tab TID three times a day. Progress report 05/08/2014 documented increased pain. Tenderness and decreased range of motion were documented on physical examination. Patient has benefited from Norco 5/325 tid in the past. Treatment plan included renewal of medication Norco 5-325 mg tabs (Hydrocodone-Acetaminophen) 1 tab TID three times a day. Medical records support the medical necessity of Norco 5/325mg, in accordance with MTUS guidelines. Therefore, the request for Norco 5/325mg #90 is medically necessary.