MAXIMUS Federal Services

Case Number:	CM14-0197879		
Date Assigned:	12/08/2014	Date of Injury:	12/02/2008
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 64 year old male with an injury date of 12/02/08. Based on the 10/23/14 progress report provided by treating physician, the patient complains of neck and shoulder pain that radiates to the right upper extremities, with diffuse numbness in both hands. Physical examination to the cervical spine on 10/23/14, revealed range of motion in the anteroposterior and lateral plane associated with pain and restricted to 50% of normal. Bilateral suprascapular spasms noted on both sides. Sensory evaluation C5/6 C6/7, however no discussion of findings provided. Treater states in progress report dated 10/23/14 that "patient's pain symptoms should be adequately controlled with cervical radiofrequency lesioning and transforaminal epidural steroid injections when indicated." Treater also states "We are requesting authorization for bilateral 2 level diagnostic medial branch blocks at C2-3 and C3-4. His pain is facet mediated with frequent spasms in both shoulders and frequent occipital headaches. The procedure would improve his functional capacity. If it was successful in relieving at least 50% of his pain, he would be a candidate for cervical radiofrequency Iesioning which would provide him with several months of extended relief." Treater continues to state patient "would benefit from transformational epidurals addressing C56/67 before his axial symptoms are addressed." Treater states that prescriptions were dispensed on 10/23/14, and that Vistaril and Prednisone reduce patient's pain levels, and allow him to function and accomplish his daily activities. Operative report 06/21/12 Procedure: cervical transforaminal epidural steroid injection at C4-5 and C5-6 with no complications, for the diagnosis of cervical radiculitis, Diagnosis 10/23/14, cervical facet syndrome, cervical discogenic disease, cervical radiculitis. The utilization review determination being challenged is dated 10/30/14. Treatment reports were provided from 06/21/12 - 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral diagnostic TCESI C5-6 and C6-7: 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 ESI Page(s): 46-47.

Decision rationale: The patient presents with neck and shoulder pain that radiates to the right upper extremities, with diffuse numbness in both hands. The request is for BILATERAL DIAGNOSTIC TCESI C5-6 AND C6-7. Patient's diagnosis on 10/23/14 included cervical facet syndrome, cervical discogenic disease, and cervical radiculitis. Physical examination to the cervical spine on 10/23/14, revealed range of motion in the anteroposterior and lateral plane associated with pain and restricted to 50% of normal. Bilateral suprascapular spasms noted on both sides. Sensory evaluation C5/6 C6/7, however no discussion of findings provided. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states,"Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.- 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." Based on treater report dated 10/23/14, patient has axial pain due to C2-3 and C3-4; and radiculopathy at C5-6 and C6-7 levels. Treater states he would like to address C5-6 and C6-7 levels with transforaminal epidural steroid injection, before addressing axial symptoms present at C2-3 and C3-4. Patient presents with radicular symptoms and has a diagnosis of radiculopathy, however there are no physical examination findings to support symptoms at the C5-6 and C6-7 levels to be injected; and there is no MRI or electrodiagnostic study that corroborates findings, as required by guidelines. Furthermore, per operative report dated 06/21/12, patient had cervical transforaminal epidural steroid injection at C4-5 and C5-6 with no complications. MTUS requires documentation of objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use, which has not been provided. The request does not meet guideline indications. Therefore the request IS NOT medically necessary.

Vistaril 25mg 1 tab at bedtime, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a682866.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Insomnia treatment

Decision rationale: The patient presents with neck and shoulder pain that radiates to the right upper extremities, with diffuse numbness in both hands. The request is for VISTARIL 25MG 1 TAB AT BEDTIME, #30. Patient's diagnosis on 10/23/14 included cervical facet syndrome, cervical discogenic disease, and cervical radiculitis. Per operative report dated 06/21/12, patient had cervical transforaminal epidural steroid injection at C4-5 and C5-6 with no complications. Physical examination to the cervical spine on 10/23/14, revealed range of motion in the anteroposterior and lateral plane associated with pain and restricted to 50% of normal. Bilateral suprascapular spasms noted on both sides. Sensory evaluation C5/6 C6/7, however no discussion of findings provided. ODG guidelines has the following regarding anti-Histamine for insomnia: (4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Per progress report, treater states that prescriptions were dispensed on 10/23/14, and that Vistaril and Prednisone reduce patient's pain levels, and allow him to function and accomplish his daily activities. Based on treater report dated 10/23/14, patient has axial pain due to C2-3 and C3-4; and radiculopathy at C5-6 and C6-7 levels. Treater states he would like to address C5-6 and C6-7 levels with transforaminal epidural steroid injection, before addressing axial symptoms present at C2-3 and C3-4. Regarding Vistaril, ODG states that tolerance develops within a few days, therefore it is not intended for a long-term use. In this case, there is no long term support for this medication by guidelines and treater does not indicate that it is for short term use. Patient has been taking Vistaril for unspecified period, and the request is for quantity 30. This request IS NOT medically necessary.

Prednisone 1mg, 1 tab daily #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Oral Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The patient presents with neck and shoulder pain that radiates to the right upper extremities, with diffuse numbness in both hands. The request is for PREDNISONE 1MG, 1 TAB DAILY #5. Patient's diagnosis on 10/23/14 included cervical facet syndrome, cervical discogenic disease, and cervical radiculitis. Physical examination to the cervical spine on 10/23/14, revealed range of motion in the anteroposterior and lateral plane associated with pain and restricted to 50% of normal. Bilateral suprascapular spasms noted on both sides. Sensory evaluation C5/6 C6/7, however no discussion of findings provided. ODG Guidelines, Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain) recommends, "Oral corticosteroids for limited circumstances as noted below for acute radicular pain, not recommended for acute non-radicular pain (i.e., axial pain) or chronic pain. Multiple severe

adverse effects have been associated with systemic steroid use." Per progress report, treater states that prescriptions were dispensed on 10/23/14, and that Vistaril and Prednisone reduce patient's pain levels, and allow him to function and accomplish his daily activities. Based on treater report dated 10/23/14, patient has axial pain due to C2-3 and C3-4; and radiculopathy at C5-6 and C6-7 levels. Treater states he would like to address C5-6 and C6-7 levels with transforaminal epidural steroid injection, before addressing axial symptoms present at C2-3 and C3-4. Though patient presents with radicular symptoms, ODG does not recommend oral corticosteroids unless there is evidence of acute radiculopathy, and only for a short-term use of oral steroid. Therefore the request IS NOT medically necessary.