

Case Number:	CM14-0208814		
Date Assigned:	02/04/2015	Date of Injury:	07/16/2013
Decision Date:	04/01/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 38 year old female, who sustained an industrial injury on July 16, 2013. She has reported constant pain of the neck, midback, and left ankle. The diagnoses have included pain in joint ankle and foot; neck pain, and psychogenic pain. Treatment to date has included a home exercise program, chiropractic therapy, work modifications, MRI, ankle brace, ankle steroid injections, and oral and topical pain, anti-epilepsy, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory medications. There were no results of recent MRI and electrodiagnostic studies in the provided medical records. On December 3, 2014, the treating physician noted persistent neck pain that radiates down the right upper extremity, with intermittent numbness and tingling, and persistent left ankle pain. The physical exam revealed the injured worker was in pain and tearful without suicidal ideation. There was a non-antalgic gait. There was tenderness of the right cervical paraspinal muscles extending into the right upper back. The cervical range of motion was full, except for a 20% decrease with right rotation. The left upper extremity sensation was mildly decreased in the cervical 6-cervical 7 dermatomal distribution and the motor strength was normal. On December 12, 2014, the injured worker submitted an application for IMR for review of requests for 1 cervical epidural steroid injection at cervical 6-cervical 7, 1 cervical epidural steroid injection at right cervical 6-cervical 7 (2 times each additional level), 1 cervical epidurogram, 1 insertion of cervical catheter, 1 fluoroscopic guidance, 1 intravenous sedation, and 12 follow up visits with psychologist. The cervical epidural steroid injection at cervical 6-cervical 7 and cervical epidural steroid injection at right cervical 6-cervical 7 (2 times each additional level) were non-certified based on the lack of

corroboration of physical exam findings with recent imaging or EMG (electromyography) findings. The epidurogram, insertion of cervical catheter, fluoroscopic guidance, and intravenous sedation were non-certified based on lack of necessity as the cervical epidural steroid injection had been non-certified. The 12 follow up visits with psychologist was non-certified, the rationale and guidelines the decision was based on are not included in the Utilization Review documentation. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines ACOEM (American College of Occupational and Environmental Medicine) Guideline and Official Disability Guidelines (ODG) was/were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): p46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007); 8) 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. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Other than reduced sensation, these findings are not documented, so medical necessity is not affirmed. As the criteria is not met, the request is not medically necessary.

Cervical epidural steroid injections right C6-7 (2x each additional level): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007); 8) 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. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Other than reduced sensation, these findings are not documented, so medical necessity is not affirmed. As the criteria is not met, the request is not medically necessary.

Cervical epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by

imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Other than reduced sensation, these findings are not documented, so medical necessity is not affirmed. As the criteria for ESI is not met, the request for epidurogram is not medically necessary.

Insertion of cervical catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Other than reduced sensation, these findings are not documented, so medical necessity is not affirmed. As the criteria for ESI is not met, the request for cervical catheter is not medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Other than reduced sensation, these findings are not documented, so medical necessity is not affirmed. As the criteria for ESI is not met, the request for fluoroscopy is not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Other than reduced sensation, these findings are not documented, so medical necessity is not affirmed. As the criteria for ESI is not met, the request for IV sedation is not medically necessary.

12 follow up- visits with psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Since the request for 12 visits is in excess of guidelines without documentation of rationale for follow up visits, the request is not medically necessary.