

Case Number:	CM15-0135111		
Date Assigned:	07/23/2015	Date of Injury:	10/10/2011
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, Florida

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 58 year old female patient who sustained an industrial injury on 10/10/2011. On 01/04/2012 she underwent a magnetic resonance imaging study of the cervical spine that showed a straightening of normal lordotic curvature, usually secondary to musculature spasm; central posterior disc protrusion at C5-6 indenting the anterior aspect of the thecal sac. There was also a right paracentral posterior disc protrusion at C6-7 indenting the anterior aspect of the thecal sac. On 06/23/2015 the physician requested cervical spine facet injections at C5-7. A follow up dated 06/10/2015 reported the patient with subjective complaint of having no changes to her condition. She states having constant pain to the cervical spine and low back areas. She also reports her right hand had been cramping for a week prior. There was mention of the first epidural injection authorized just pending scheduling. She is currently not working. Objective assessment showed cervical spine with decreased range of motion, a positive Spurling's with radicular symptom to left hand, fingers and positive triggers to both lumbar and cervical spine. The plan of care noted pending lumbar spine trigger point injections. A recent office visit dated 06/10/2015 reported the following treating diagnoses applied: cervicalgia; lumbago; sciatica, and brachial neuritis/radiculitis. There is subjective complaint of having stiff neck with limited range of motion and upon head turning she feels a shooting pain radiating to the lower back and bilateral arms. She reports current medications of: Clindamycin, and Tylenol with Codeine 30/325mg. Back at a primary visit dated 11/04/2014 the treating diagnoses was: brachial neuritis/radiculitis; lumbago; unspecified thoracic lumbar neuritis, and displaced

thoracic intervertebral. The patient was deemed as permanent and stationary on 10/02/2013. Medications at that time included: Hydrocodone/APAP 5/325mg, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

C/S epidural steroid facet injection C5-C7 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, facet injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188, Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment musculoskeletal pain when conservative treatments with medications and PT have failed. There is no documentation of significant pain relief and functional restoration after completion of the epidural injections that was noted to be previously authorized. The guidelines did not recommend facet injections in patients with subjective, objective and radiological findings consistent with radiculopathy. It is unclear if this request is for epidural injection or facet injection as both separate procedures are listed together. The guidelines do not support that multiple distinctly separate procedures such as epidural and facet be performed together at same setting. It is recommended that epidural or facet injections can be repeated only when there is significant pain relief and functional restoration following the first injection. The criteria for Cervical Spine epidural steroid facet injection C5-C7 X2 is not medically necessary.

Post-op medication-Ultracet 37.5/325mg #60: 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 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment musculoskeletal pain when conservative treatments with medications and PT have failed. There is no documentation of significant pain relief and functional restoration after completion of the epidural injections that was noted to be previously authorized. The guidelines did not recommend facet injections in patients with subjective, objective and radiological findings consistent with radiculopathy. It is unclear if this request is for epidural injection or facet injection as both separate procedures are listed together. The guidelines do not support that multiple distinctly separate procedures such as epidural

and facet be performed together at same setting. It is recommend that epidural or facet injections can be repeated only when there is significant pain relief and functional restoration following the first injection. The patient is already on chronic opioid maintenance treatment. The additional Cervical Spine epidural steroid facet injection was not certified therefore additional Post-op medication Ultracet 37.5/325mg #60 was not medically necessary.

Post op physical therapy 3x4 for C/S and T/S: 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 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment musculoskeletal pain when conservative treatments with medications and PT have failed. There is no documentation of significant pain relief and functional restoration after completion of the epidural injections that was noted to be previously authorized. The guidelines did not recommend facet injections in patients with subjective, objective and radiological findings consistent with radiculopathy. It is unclear if this request is for epidural injection or facet injection as both separate procedures are listed together. The guidelines do not support that multiple distinctly separate procedures such as epidural and facet be performed together at same setting. It is recommend that epidural or facet injections can be repeated only when there is significant pain relief and functional restoration following the first injection. The Cervical Spine epidural steroid facet injection was not certified therefore the criteria for Post-op physical therapy 3X4 for C/S ad T/S was not medically necessary.

T/S epidural steroid facet injections T7-T9 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back, facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188, Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment musculoskeletal pain when conservative treatments with medications and PT have failed. There is no documentation of significant pain relief and functional restoration after completion of the epidural injections that was noted to be previously authorized. The guidelines did not recommend facet injections in patients with subjective, objective and radiological findings consistent with radiculopathy. It is unclear if this request is for epidural injection or facet injection as both separate procedures are listed

together. The guidelines do not support that multiple distinctly separate procedures such as epidural and facet be performed together at same setting. It is recommend that epidural or facet injections can be repeated only when there is significant pain relief and functional restoration following the first injection. The criteria for Thoracic Spine epidural steroid facet injection T7-T9 X2 was not medically necessary.