

<b>Case Number:</b>	CM15-0160852		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/23/1997
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 70 year old female, who sustained an industrial injury on September 23, 1997. The injured worker was diagnosed as having musculoligamentous sprain and strain of the cervical spine, cervical spine contusion, multiple disc protrusion of the cervical spine per magnetic resonance imaging, central, left lateral recess and foraminal extrusion to the cervical four to five level, left central extrusion that "moderately" flattens the left anterior cord at cervical five to six and a disc protrusion at cervical three to four, multiple disc protrusions of the lumbar spine, status post lumbar fusion with residuals, exacerbation secondary to new falls of the lumbar spine, herniated nucleus pulposus of the lumbar four to five, anterolisthesis at the lumbar four to five level, failed back surgery syndrome, depression and anxiety, and insomnia. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, above noted procedure, medication regimen, and cervical epidural injection. In a progress note dated February 11, 2015 the treating physician reports complaints of pain to the cervical spine that radiates to the left upper extremity. Examination from February 11, 2015 was revealing for pain, tenderness, and spasm to the cervical spine, decreased motor strength to the bilateral upper extremities, decreased sensation to the cervical three to four, four to five, five to six, and six to seven dermatomes, decreased range of motion to the cervical spine with pain, tenderness to the low back, decreased range of motion to the lumbar spine, decreased reflexes bilaterally to the lumbar spine, positive bilateral sciatic and femoral tension signs, loss of lumbar lordosis, inability to perform heel and toe walk, and depressed mood and affect. The injured worker's pain level on February 11, 2015 was rated a 5

out of 10 on a visual analog scale, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. On February 11, 2015 the treating physician noted prior cervical epidural injection performed in 2012, but the progress note did not indicate if the injured worker experienced any functional improvement with the prior injection. On February 11, 2015 the treating physician requested follow up with physician once a month and bilateral cervical epidural injection at cervical four to five, cervical five to six, and cervical six to seven. On August 07, 2015 the Utilization Review modified the request for a follow up with physician once a month and denied a bilateral cervical epidural to the cervical four to five, cervical five to six, and cervical six to seven.

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

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

**Follow Up Once a Month: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1997 and is being treated for neck pain with radiating symptoms into the left upper extremity. When seen, physical examination findings included decreased and painful cervical spine range of motion with decreased upper extremity strength and sensation. There was cervical spine tenderness with muscle spasms. An MRI of the cervical spine is referenced as showing multilevel left lateralized disc extrusions. Authorization was requested for bilateral three level cervical transforaminal epidural injections and monthly follow-up visits. Medications were refilled and included Norco up to 6 times per day. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. This prospective request for indefinite continued office visits is not medically necessary.

**Cervical Epidural Injection at Bilateral C4-C5, C5-C6, 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 Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1997 and is being treated for neck pain with radiating symptoms into the left upper extremity. When seen, physical examination findings included decreased and painful cervical spine range of motion with decreased upper extremity strength and sensation. There was cervical spine tenderness with muscle spasms. An MRI of the cervical spine is referenced as showing multilevel left lateralized disc extrusions. Authorization was requested for bilateral three level cervical transforaminal epidural injections and monthly follow-up visits. Medications were refilled and included Norco up to 6 times per day. Epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines recommend that no more than two nerve root levels should be injected using transforaminal blocks. In this case, the claimant has bilateral physical examination findings but only has left sided radicular symptoms and imaging only supports the presence of left sided cervical radiculopathy. A bilateral three level cervical epidural steroid injection is being requested which is not considered medically necessary.