

<b>Case Number:</b>	CM15-0161458		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	09/30/2015	<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: California

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 54-year-old male with an industrial injury dated 02-26-2014. The injured worker's diagnoses include cervical spine degenerative disc disease and cervical radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, acupuncture, injection and periodic follow up visits. In a progress note dated 07-13-2015, the injured worker reported continued cervical pain. Objective findings revealed no acute distress, positive Spurling's test and shoulder abduction test, decreased sensation in the C6 nerve root distribution and pain along the nerve root distribution with a little weakness of the biceps. The treating physician prescribed services for bilateral cervical epidural steroid injection at C6-7 level, post injection physical therapy to the cervical spine, quantity: 8 sessions and acupuncture to the cervical spine, quantity: 8 sessions, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical epidural steroid injection at C6-7 level:** 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 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, while there is significant pain relief noted there is no noted functional improvement or decreased medication usage from the prior injection. Furthermore, there are no imaging or electrodiagnostic studies corroborating radiculopathy. As such, the currently requested epidural steroid injection is not medically necessary.

**Post injection physical therapy to the cervical spine, quantity: 8 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Physical therapy (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request post injection PT, it is noted that the injection has been determined to be not medically necessary. Therefore, the post injection PT is not indicated. As such, the post injection PT is not medically necessary.

**Acupuncture to the cervical spine, quantity: 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and "a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously, but there is no documentation of objective functional improvement as defined above from the therapy already provided. As such, the currently requested acupuncture is not medically necessary.

