

<b>Case Number:</b>	CM15-0183314		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/09/2002
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 9-9-02. The injured worker has complaints of cervical spine pain. Cervical spine has tenderness to palpation and limited range of motion. Lumbar spine examination revealed pain with flexion; pain with palpation and low back pain with range of motion. The diagnoses have included sprain of neck; carpal tunnel syndrome; cervicobrachial syndrome and cervicalgia. Treatment to date has included norco; flexeril and status post C3-7 anterior interbody fusion with instrumentation on 7/2001. The medication list include Norco, Flexeril, Robaxin and Lisinopril. The patient has had MRI of the cervical spine on 1/16/14 that revealed post surgical changes. The original utilization review (9-4-15) non-certified the request for cervical spine epidural steroid facet injection C5- C6, C7-T1; post-operative physical therapy, three sessions a week for three weeks and ultracet 37.5-325mg quantity 60. Per the note dated 8/25/15 the patient had complaints of neck pain radiating to bilateral shoulder and hands. The physical examination of the cervical region revealed limited range of motion, positive Spurling sign and decreased strength. The patient had received a previous cervical ESI with 80% pain relief over 6 months. The patient sustained the injury due to fall from a chair. The patient had received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical spine epidural steroid facet injection C5-C6, C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Request Cervical spine epidural steroid facet injection C5-C6, C7-T1. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is 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 functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: 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). Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, was not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the request for Cervical spine epidural steroid facet injection C5-C6, C7-T1 is not medically necessary for this patient.

## **Post operative physical therapy, three sessions a week for three weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Physical therapy.

**Decision rationale:** Post operative physical therapy, three sessions a week for three weeks. MTUS guideline does not specifically address this issue. Hence ODG used. ODG guideline recommends 1-2 visits over 1 week for this diagnosis (post procedure) as cited. This is a request for Post operative physical therapy, three sessions a week for three weeks. Hence the requested PT visits are more than the cited guidelines. In addition a request of Cervical spine epidural steroid facet injection C5-C6, C7-T1 is not fully established for this patient. As a cervical ESI procedure is not deemed medically necessary, a request for Post operative physical therapy, three sessions a week for three weeks is also not fully established. The request for Post operative physical therapy, three sessions a week for three weeks is not medically necessary for this patient.

**Ultracet 37.5/325mg quantity 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

**Decision rationale:** Ultracet 37.5/325mg quantity 60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The diagnoses have included sprain of neck; carpal tunnel syndrome; cervicobrachial syndrome and cervicgia. Treatment to date has included norco; flexeril and status post C3-7 anterior interbody fusion with instrumentation on 7/2001. The patient has had MRI of the cervical spine on 1/16/14 that revealed post surgical changes. Per the note dated 8/25/15 the patient had complaints of neck pain radiating to bilateral shoulder and hands. Physical examination of the cervical region revealed limited range of motion, positive Spurling sign and decreased strength. Patient is already taking a muscle relaxant for this injury. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultracet 37.5/325mg quantity 60 is medically appropriate and necessary.