

<b>Case Number:</b>	CM15-0184016		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Washington, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 May 16, 2015. Diagnoses include cervical herniated nucleus pulposus and cervical strain, cervical radiculitis. Previous treatment included extensive physical therapy for neck, currently attending physical therapy treating low back, and medication (including Ibuprofen, Terocin patches, Tylenol with Codeine and Soma). The injured work received her second cervical epidural injection June 23, 2015, which helped her headaches as well as helped a bit for the neck pain and helped the spasms in her right arm. A recent progress note dated August 24, 2015 reported chief subjective complaint of neck pain with bilateral upper extremity pain with numbness and tingling. The pain had been persistent pain in the neck and right shoulder blade, and intermittent down her right arm with tingling down into right ring finger. Examination revealed positive Spurling's sign bilaterally, right sided neck tenderness, decrease cervical range of motion, diminished sensation in right little finger and normal upper extremity motor exam. The Assessment noted the injured worker had neck pain with cervical radiculopathy in the setting of two-level disc herniation. She remained symptomatic, especially in regard to her neck. The plan of care recommended another epidural injection at C5-6; possible surgical intervention, refill Tylenol with Codeine, Soma and complete the course of current physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection C5-C6- one time: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

**Decision rationale:** Epidural steroid injections (ESI) are an optional treatment for pain caused by nerve root inflammation, that is, pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. The ACOEM guidelines point out its use has uncertain benefits in neck pathology other than as a non-surgical treatment for nerve root compromise to clarify nerve root dysfunction prior to surgery. As per the MTUS the effects of epidural steroid injections usually will offer the patient only short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. If these other treatment modalities have already been tried and failed, use of epidural steroid injection treatment becomes questionable, unless surgery on the neck is being considered. The MTUS also provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination, corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. It also notes that for therapeutic use of this procedure, use of repeat blocks should be based on continued objective documented pain and documentation that the prior block gave at least 50% pain relief with associated reduction in pain medication use for 6-8 weeks. The American Society of Interventional Pain Physician guidelines also recommend repeat therapeutic ESI for patients with cervical radiculitis or cervical disc herniation. This patient does have signs and symptoms of cervical radiculopathy/radiculitis that is corroborated by prior imaging studies and has continued despite conservative care. Prior ESI were done but with minimal improvement which lasted less than 6 weeks. This does not meet the criteria for repeat cervical ESI. Medical necessity has not been established.

**Acupuncture twice a week for four weeks for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Acupuncture is a technique to control and improve pain in patients with acute and chronic pain. It is thought to allow or cause endorphin release that subsequently causes pain relief, reduction of inflammation, analgesia, increased blood circulation and muscle relaxation. The MTUS guidelines for initial use of this treatment are 3-6 treatments up to 3 times per week. A 2 week trial is most commonly accepted for this purpose. If functional improvement is documented then further treatment would be recommended. [Note: functional improvement is

defined by the MTUS as "clinically significant improvement in activities of daily living or a reduction in work restrictions."] Although there is poor support for use of acupuncture to treat mechanical neck pain this patient has neurologic-based (radiculitis) neck pain and may benefit from a trial of acupuncture. Other conservative treatments (medications and physical therapy) as well as epidural steroid injections to date have not been very helpful. In light of this poor response to conservative treatments, a trial of acupuncture, following the MTUS guidelines above, should be a therapeutic option for this patient. However, the provider's request does not follow this guideline as it requests 8 sessions. Medical necessity for the number and duration of acupuncture sessions has not been established.