

<b>Case Number:</b>	CM15-0203727		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 65 year old, female who sustained a work related injury on 5-12-14. A review of the medical records shows she is being treated for right shoulder, arm and hand pain. In the progress notes dated 9-11-15, the injured worker reports increased numbness and tingling to right hand. She reports decreased strength in right hand. She rates her pain level a 4 out of 10. She reports her right shoulder pain is better. On physical exam dated 9-11-15, she has tenderness to right paracervical, trapezius and parascapular muscles. She has decreased sensation at the C6, C7 and C8 dermatomes on the right side. Treatments have included TENS unit therapy, physical therapy, and medications. Current medications include-not listed. MRI of cervical spine dated 9-2-14 reveals "degenerative disc disease C5-6 with 1.5mm disc bulge/dorsal spondylitic ridge, and a 1.5mm right lateral disc bulge-spur with mild encroachment on the right nerve root canal, and corresponding mild extradural defects on the MR myelogram. Disc desiccation C3-4 with a 1.5mm central disc bulge-protrusion. Degenerative disc disease C6-7 with a 1.5mm predominantly central and left lateral disc bulge. Disc desiccation C4-5 with 1mm central disc protrusion. Disc desiccation C7-T1." She is working modified duty. The treatment plan includes requests for a consult and for a cervical epidural steroid injection. In the Utilization Review dated 9-18-15, the requested treatments of a consultation and a cervical epidural steroid injection are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Consultation times 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations - Introduction.

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

**Decision rationale:** MTUS is silent regarding visits to specialists. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The available medical record does not make it clear specifically what the consultation is being requested for. Presumably, it is to see an interventional pain management specialist for completion of the also requested cervical ESI. The cervical ESI was denied; the treating physician notes no other indication for a pain specialist consultation. As such, the request for Consultation x 1 is not medically necessary.

### **Cervical epidural steroid injection right C5-C6 times 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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 available medical record notes completion of physical therapy at an unknown time but here were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of

pain. MTUS further defines the criteria for epidural steroid injections to include: 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session 7) In the therapeutic phase, 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The medical documents provided do not provide evidence of cervical radiculopathy, there is no description of dermatomal distribution and much of the listed symptomology seems to be the result of more peripheral pathology. As such, the request for Cervical epidural steroid injection right C5-C6 x 1 is not medically necessary.