

Case Number:	CM15-0021168		
Date Assigned:	02/10/2015	Date of Injury:	06/05/2013
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina
 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:

This 54 year old male sustained a work related injury on 06/05/2013. According to an evaluation on 01/06/2014, the injured worker was still having significant pain. Electromyography/Nerve Conduction Velocity Studies showed findings consistent with a left C5, bilateral C6 and C7 radiculopathy. A MRI showed foraminal narrowing at the bilateral C5-6. According to the provider, the injured worker already had a trial of physical therapy for the neck. Acupuncture and an epidural steroid injection were recommended. The provider started the injured worker on Cymbalta and Trazadone. Physical therapy notes were submitted ranging in dates from 06/2013 to 05/2014. On 01/19/2015, Utilization Review non-certified epidural steroid injection, bilateral C5-6 and modified initial acupuncture twice weekly for the neck quantity 12. According to the Utilization Review physician, in regard to the epidural steroid injection, there had been no documentation stating that there had been a trial of physical therapy for the cervical spine or that other conservative treatments in relation to the cervical spine have been met. In regard to acupuncture, guidelines support up to 6 sessions of an initial trial for the treatment of chronic neck pain. Additional visits are contingent upon the documented objective functional gains following this trial. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced for epidural steroid injections page 46 and Acupuncture Treatment Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, bilateral C5-C6, QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 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 patient has the documentation of cervical radiculopathy. The patient has corroboration of symptoms per MRI report and EMG. The patient has failed conservative therapy including physical therapy. For these reasons criteria as set forth above per the California MTUS have been met. The request is medically necessary.

Initial acupuncture, twice weekly for the neck, QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow,

increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is in excess of the recommendation per the California MTUS. Therefore the request is not medically necessary.