

Case Number:	CM15-0028861		
Date Assigned:	02/20/2015	Date of Injury:	03/16/2012
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 52 year old female who sustained an industrial injury on 3/16/12 when she was thrown into the dashboard of a bus resulting in high cervical facet pain causing occipital headaches. She currently is experiencing dull pain in the neck and upper back with numbness and tingling in the right scapular region. Her pain level is 2-3/10. Medication are Percocet, gabapentin, duexis and Lexapro. She has some difficulty with activities of daily living. Diagnoses include depression, anxiety; cervical stenosis, cervical radiculopathy; occipital neuralgia, left sided, superimposed upon cervical spine degenerative changes, worse at C5-6 with loss of lordosis. Treatments to date include trigger point injections and occipital nerve blocks for occipital headaches, chiropractic care, acupuncture, physical therapy medications and transcutaneous electrical nerve stimulator unit, massage therapy and ice/ heat. Diagnostics include cervical MRI (1/28/13) demonstrating cervical spondylosis, stenosis and radiculitis right upper extremity; x-ray of the cervical spine with severe spondylosis at C5-6. In the progress note dated 12/19/14 the treating provider requested cervical epidural injection at C5-C6 due to MRI of cervical spine revealing 2millimeter broad based disc osteophyte complex resulting in mild spinal stenosis, moderate right and mild left neural foraminal narrowing. The provider also requested fiber pain testing of the bilateral upper extremities. On 2/6/15 Utilization Review non-certified the requests for office visit, quantity 3; epidural steroid injection C5-C6, per order 12/19/14; fluoroscopy, C5-C6, per order 12/19/14; fiber pain testing, bilateral upper extremities, per order 12/19/15, quantity 2 citing ACOEM; MTUS: Chronic Pain Medical Treatment Guidelines: Epidural Steroid Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit QTY: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2n Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The 52 year old patient complains of neck pain and has been diagnosed with occipital neuralgia on the left side which is superimposed upon cervical spine with degenerative changes especially at C5-6, as per progress report dated 01/26/15. The request is for OFFICE VISIT QTY: 3.00. There is no RFA for this case, and the patient's date of injury is 03/18/12. As per progress report dated 12/19/14, the patient suffers from left cervical radiculopathy with a pain rated at 2-8/10. The patient is taking Tizanidine for relief. The patient is working without restrictions, as per progress report dated 01/26/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. None of the progress reports discuss this request. The purpose of the office visits is not known. Additionally, guidelines only allow for one preliminary referral appointment. Hence, the request for 3 office visits IS NOT medically necessary.

Epidural steroid injection, C5-C6 per 12/19/14 order: 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 ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs).

Decision rationale: The 52 year old patient complains of neck pain and has been diagnosed with occipital neuralgia on the left side which is superimposed upon cervical spine with degenerative changes especially at C5-6, as per progress report dated 01/26/15. The request is for EPIDURAL STEROID INJECTION, C5-C6 PER 12/19/14 ORDER. There is no RFA for this case, and the patient's date of injury is 03/18/12. As per progress report dated 12/19/14, the patient suffers from left cervical radiculopathy with a pain rated at 2-8/10. The patient is taking Tizanidine for

relief. The patient is working without restrictions, as per progress report dated 01/26/15. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state "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." In this case, the patient suffers from neck pain and has been diagnosed with left cervical radiculopathy, as per progress report dated 12/19/14. MRI of the cervical spine, dated 01/26/13, revealed mild spinal stenosis and mild neural foraminal narrowing at C5-6. The progress reports do not document prior ESI of the cervical spine. Given the diagnosis of cervical radiculopathy and corroborating imaging studies, the request for C5-6 ESI is consistent with MTUS and IS medically necessary.

Fluoroscopy, C5-C6 per 12/19/14 order: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's).

Decision rationale: The 52 year old patient complains of neck pain and has been diagnosed with occipital neuralgia on the left side which is superimposed upon cervical spine with degenerative changes especially at C5-6, as per progress report dated 01/26/15. The request is for FLUOROSCOPY, C5-C6 PER 12/19/14 ORDER. There is no RFA for this case, and the patient's date of injury is 03/18/12. As per progress report dated 12/19/14, the patient suffers from left cervical radiculopathy with a pain rated at 2-8/10. The patient is taking Tizanidine for relief. The patient is working without restrictions, as per progress report dated 01/26/15. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's)', has this to say about fluoroscopy "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy." In this case, the patient has been diagnosed with cervical radiculopathy, as per progress report dated 12/19/14. MRI of the cervical spine, dated 01/26/13, supports these diagnoses. Hence, the treater's request for ESI is reasonable. Consequently, the treater's request for fluoroscopy is appropriate as well and IS medically necessary.

Fiber pain testing, bilateral upper extremities, per 12/19/14 QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Fiber pain testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (chronic)' and topic 'A-delta fiber electrodiagnostic testing'.

Decision rationale: The 52 year old patient complains of neck pain and has been diagnosed with occipital neuralgia on the left side which is superimposed upon cervical spine with degenerative changes especially at C5-6, as per progress report dated 01/26/15. The request is for FIBER PAIN TESTING, BILATERAL UPPER EXTREMITIES, PER 12/19/14 QTY: 2.00. There is no RFA for this case, and the patient's date of injury is 03/18/12. As per progress report dated 12/19/14, the patient suffers from left cervical radiculopathy with a pain rated at 2-8/10. The patient is taking Tizanidine for relief. The patient is working without restrictions, as per progress report dated 01/26/15. ODG guidelines, chapter 'Pain (chronic)' and topic 'A-delta fiber electrodiagnostic testing', states that it is "Not recommended." The request for pain testing is noted in progress report dated 12/19/14. The treater, however, does not discuss the purpose. Additionally, ODG guidelines do not support fiber pain testing. Hence, the request IS NOT medically necessary.