

<b>Case Number:</b>	CM15-0029801		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 59 year old female who sustained an industrial injury on 06-17-2014. Medical records indicated the worker was status post prior spinal fusion surgery, has cervical degenerative disk disease, lumbar spondylolisthesis, lumbar radiculopathy, and cervical radiculopathy. In the provider notes of 10-21-2015, the injured worker is status post right L5 and right S1 transforaminal epidural steroid injection (TFESI) from which she feels she received greater than 50% improvement but her pain has returned. She describes symptoms of right lower back pain radiating to the right buttock, and neck pain radiating to the 1st 3 fingers. She rates the pain as a 5 on a scale of 0-10. Symptoms are made worse by lying down, weight bearing, and alleviated by Celebrex, Vicodin, heating pad and ice. On examination, her gait appears normal, she had full range of motion of the shoulders bilaterally, she has 4 out of 5 right ankle dorsiflexion and toe extension strength on the right, and straight leg raise was positive on the right. She had a MRI of the cervical spine on 10-16-2014 that showed evidence of central herniation of C3-4 and broad based disc bulging of C6-7. The C4-5-6 fusion looks intact. MRI of the lumbar spine (08-05-2014) showed mild anterolisthesis of L5-S1 with moderate central canal stenosis and bilateral L5 stenosis. There was L5-S1 facet synovitis. She would like to have a repeat TESI lumbar, and a TFESI cervical. The plan is for a repeat TFESI right L5 and right S1, 8-10 sessions of neck and low back stabilization PT, and NCS/EMG of the right arm and right leg. A request for authorization was submitted for: 1. Physical Therapy to Lumbar and Cervical Spine, quantity 10. 2. Right C6-C7 Interlaminar Epidural. 3. Nucynta 50mg #90. 4. NCS, right arm, quantity 1. 5. NCS, Left Arm, quantity 1. 6. EMG, Right Arm, quantity 1. 7. EMG, Left arm, quantity 1. A utilization review decision 01-30-2015, authorized: NCS, right arm, quantity 1. NCS, Left Arm, quantity 1. EMG, Right Arm, quantity 1. EMG, Left Arm, quantity 1. Non-certified: Physical

Therapy to Lumbar and Cervical Spine, quantity 10. Right C6-C7 Interlaminar Epidural. Nucynta 50mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy to Lumbar and Cervical Spine, quantity 10: 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): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to lumbar and cervical spine #10 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spondylolisthesis; lumbar radiculopathy; cervical degenerative disc disease; cervical radiculopathy; and status post prior spinal fusion surgery. Date of injury is June 17, 2014. Request for authorization is January 23, 2015. According to a November 5, 2014 non-requesting provider progress note, the injured worker received physical therapy. Total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement. An MRI of the cervical spine was performed October 16, 2014. According to a January 21, 2015 progress note, the injured worker had ongoing low back pain and neck pain. The injured worker had a previous lumbar epidural steroid injection with greater than 50% improvement. The injured worker is requesting a cervical epidural steroid injection. Medications include Tramadol, hydrocodone and Celebrex. Nucynta is not documented in this progress note, but appears in a February 2015 progress note examination. There is a cursory neurologic evaluation with no focal deficits. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy to lumbar and cervical spine #10 sessions is not medically necessary.

#### **Right C6-C7 Interlaminar Epidural: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right C6 - C7 interlaminar epidural steroid injection are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 week, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar spondylolisthesis; lumbar radiculopathy; cervical degenerative disc disease; cervical radiculopathy; and status post prior spinal fusion surgery. Date of injury is June 17, 2014. Request for authorization is January 23, 2015. According to a November 5, 2014 non-requesting provider progress note, the injured worker received physical therapy. Total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement. An MRI of the cervical spine was performed October 16, 2014. According to a January 21, 2015 progress note, the injured worker had ongoing low back pain and neck pain. The injured worker had a previous lumbar epidural steroid injection with greater than 50% improvement. The injured worker is requesting a cervical epidural steroid injection. Medications include Tramadol, hydrocodone and Celebrex. Nucynta is not documented in this progress note, but appears in a February 2015 progress note (date after request for authorization). Objectively, there is no cervical spine or lumbar spine examination. There is a cursory neurologic evaluation with no focal deficits. The documentation does not demonstrate objective evidence of radiculopathy on physical examination. Epidural steroid injections are not indicated in the absence of objective evidence of radiculopathy on physical examination. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective evidence of radiculopathy on physical examination, right C6 - C7 interlaminar epidural steroid injection are not medically necessary.

**Nucynta 50mg #90:** 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Nucynta.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Nucynta 50mg #90 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar spondylolisthesis; lumbar radiculopathy; cervical degenerative disc disease; cervical radiculopathy; and status post prior spinal fusion surgery. Date of injury is June 17, 2014. Request for authorization is January 23, 2015. According to a November 5, 2014 non-requesting provider progress note, the injured worker received physical therapy. Total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement. An MRI of the cervical spine was performed October 16, 2014. According to a January 21, 2015 progress note, the injured worker had ongoing low back pain and neck pain. The injured worker had a previous

lumbar epidural steroid injection with greater than 50% improvement. The injured worker is requesting a cervical epidural steroid injection. Medications include Tramadol, hydrocodone and Celebrex. Nucynta is not documented in this progress note, but appears in a February 2015 progress note (date after request for authorization). Objectively, there is no cervical spine or lumbar spine examination. There is a cursory neurologic evaluation with no focal deficits. The documentation does not demonstrate objective evidence of radiculopathy on physical examination. As noted above, there is no documentation of Nucynta in the January 21, 2015 progress note. As a result, there is no clinical discussion, indication or rationale for Nucynta in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of Nucynta in the medical record, no documentation demonstrating objective functional improvement with Nucynta and no clinical indication or rationale for Nucynta, Nucynta 50mg #90 is not medically necessary.