

<b>Case Number:</b>	CM15-0084578		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Texas, California

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 is a 58-year-old female patient, who sustained an industrial injury on 05/31/2011. The diagnoses include lumbar spine disease with multiple levels of disc protrusions and foraminal stenosis, lower back pain with radicular symptoms resolved with epidural injection, multi-level cervical disc protrusions with foraminal stenosis, and cervicgia with recurrent right cervical radiculopathy. Per the note dated 4/21/14, physical examination revealed tenderness and limited range of motion of the cervical spine and numbness in 4 and 5th digits and weakness with dropping objects. Per the progress note dated 03/17/2015, she had complaints of recurring neck pain with radiation to the right arm along with numbness and tingling. Physical examination revealed moderate to severe limited range of motion to the cervical spine along with tenderness to palpation over the cervical spine and right paraspinous region, decreased sensation to the right C6 region with weakness noted to the right wrist and right hand. Per the note dated 9/9/14, she had neck pain at 7/10. The medications list includes ambien, tramadol and voltaren. She has had lumbar MRI on 5/26/14, which revealed multilevel mild degenerative changes; cervical MRI dated 6/19/2012, which revealed multilevel disc protrusions with mild foraminal narrowing and nerve impingement most particularly at C5-6; EMG/NCS dated 6/11/12, which revealed right carpal and cubital tunnel syndrome. She has had last cervical ESIs on 3/26/14 and in 5/2014. Documentation from 03/17/2015, noted that previous cervical epidural injections provided a greater than 50% reduction of pain that lasted over nine months. She has had physical therapy and acupuncture visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** Cervical epidural steroid injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. 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." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." "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." Per the records provided patient had cervical pain and right upper extremity neurological symptoms. The EMG/ NCS in 2012, revealed carpal tunnel syndrome and cubital tunnel syndrome. It did not document objective evidence of radiculopathy. She has had last cervical ESIs on 3/26/14 and in 5/2014. Documentation from 03/17/2015, noted that previous cervical epidural injections provided a greater than 50% reduction of pain that lasted over nine months. However, per the note dated 9/9/14, she had neck pain at 7/10. Therefore, the records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior cervical steroid injections. As stated above, 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. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of cervical epidural steroid injection is not fully established for this patient. This is not medically necessary.

**Post op follow up visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Post op follow up visit MTUS guidelines, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127 Per the cited guidelines, "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." The request of follow up visit is for post cervical ESI evaluation. The medical necessity of procedure- cervical epidural steroid injection itself is not fully established; therefore, the medical necessity of post op follow up visit is also not fully established. The medical necessity of Post op follow up visit is not medically necessary for this patient now.