

Case Number:	CM14-0084032		
Date Assigned:	07/25/2014	Date of Injury:	01/28/1999
Decision Date:	11/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old female with a 1/28/99 date of injury. At the time (5/14/14) of request for authorization for cervical epidural steroid injection (ESI) at the left C5-6, Hydrocodone-acetaminophen 5/325mg #60, and post injection physical therapy x 8 (10 previous), there is documentation of subjective (left side neck pain radiating to left upper extremity with numbness over left 4th digit) and objective (cervical guarding, posterior tenderness, and sensory deficits over C5-6 dermatomes) findings, imaging findings (reported MRI of cervical spine (5/7/14) revealed C4-6 degenerative disc disease, C5-6 left stenosis, and C4-5 disc bulge with impingement on cervical cord and central canal volume; report not available for review), current diagnoses (cervicalgia and cervical radiculitis), and treatment to date (10 sessions of physical therapy and medications (including ongoing treatment with Advil, Hydrocodone-Acetaminophen, and Soma)). Medical report identifies that opioid related adverse effects were reviewed with the patient, and will continue to evaluate the medication regimen for necessary alterations; and a request for PT X8 sessions to regain better range of motion over neck after cervical epidural steroid injection. Regarding cervical epidural steroid injection (ESI) at the left C5-6, there is no documentation of an imaging report. Regarding Hydrocodone-acetaminophen 5/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, and functional status; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone-Acetaminophen use to date. Regarding post injection physical therapy x 8 (10 previous), there is no documentation of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an

increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical epidural steroid injection(ESI) at the left C5-6.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, Myelography, or CT Myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervicgia and cervical radiculitis. In addition, there is documentation of subjective (pain and numbness) and objective (sensory changes) radicular findings in the requested nerve root distribution, and failure of conservative treatment (activity modifications, medications, and physical modalities). However, despite documentation of the medical reports' reported imaging findings (MRI of cervical spine revealing C5-6 left stenosis and C4-5 disc bulge with impingement on cervical cord and central canal volume), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection (ESI) at the left C5-6 is not medically necessary.

Hydrocodone-acetaminophen 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervicalgia and cervical radiculitis. However, despite documentation that opioid related adverse effects were reviewed with the patient, and will continue to evaluate the medication regimen for necessary alterations, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, and functional status. In addition, given documentation of ongoing treatment with Hydrocodone-Acetaminophen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone-Acetaminophen use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone-acetaminophen 5/325mg #60 is not medically necessary.

post injection physical therapy x 8 (10 previous): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Physical Therapy (PT) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 10 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervicalgia and cervical radiculitis. In addition, there is documentation of 10 sessions of previous physical therapy treatments, functional goals, and functional deficits. However, the requested additional 8 sessions of physical therapy, in addition to treatments

already completed, would exceed guidelines. In addition, there is no documentation of exceptional factors to justify going outside of guideline parameters. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for post injection physical therapy x 8 (10 previous) is not medically necessary.