

<b>Case Number:</b>	CM15-0179057		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Emergency 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 42 year old female, who sustained an industrial injury on January 15, 2015. The injured worker was diagnosed as having cervical four through seven herniations, degenerative disc disease, stenosis radiculopathy at left cervical five dermatome with motor sensory changes and lumbar three to five degenerative disc disease with facet arthropathy, radiculopathy of the left lumbar three to four, and dermatomes with motor sensory changes. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, at least 17 sessions of physical therapy, and medication regimen. In a progress note dated July 15, 2015 the treating physician reports complaints of pain to the neck and the back. Examination performed on July 15, 2015 was revealing for decreased range of motion to the cervical spine with pain, positive Spurling's testing to the right cervical five dermatome, motor weakness to the right cervical six dermatome, decreased range of motion to the lumbar spine with pain, positive straight leg raise with radiculopathy to the right lumbar three dermatome, decreased sensation to the right lumbar three to four level, and motor weakness to the right lumbar three to four level. On July 15, 2015 the treating physician requested a cervical epidural steroid injection from cervical five through seven, lumbar epidural steroid injection from lumbar four through sacral one, and post-operative physical therapy three times a week for three weeks for a total of nine sessions, but the documentation provided did not indicate the specific reason for the requested treatments. On August 19 2015, the Utilization Review determined the requests for cervical epidural steroid injection from cervical five through seven, lumbar epidural steroid injection from lumbar four through sacral one, and post-operative physical therapy three times a week for three weeks for a total of nine sessions to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical ESI (epidural steroid injection) C5-7: 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 & Upper Back chapter, updated June 25, 2015, state: Epidural steroid injection (ESI).

**Decision rationale:** The requested Cervical ESI (epidural steroid injection) C5-7 is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "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)." Official Disability Guidelines (ODG), Neck & Upper Back chapter, updated June 25, 2015, state: Epidural steroid injection (ESI) Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. The injured worker has pain to the neck and the back. Examination performed on July 15, 2015 was revealing for decreased range of motion to the cervical spine with pain, positive Spurling's testing to the right cervical five dermatome, motor weakness to the right cervical six dermatome, decreased range of motion to the lumbar spine with pain, positive straight leg raise with radiculopathy to the right lumbar three dermatome, decreased sensation to the right lumbar three to four level, and motor weakness to the right lumbar three to four level. ODG guidelines no longer recommend cervical epidural injections. Further, the provider has reported that the patient is improved with functional benefit from physical therapy and acupuncture. The criteria noted above not having been met Cervical ESI (epidural steroid injection) C5-7 is not medically necessary.

### **Lumbar ESI (epidural steroid injection) L4-S1: 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 rationale:** The requested Lumbar ESI (epidural steroid injection) L4-S1 is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "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)." Official Disability Guidelines (ODG), Neck & Upper Back chapter, updated June 25, 2015, state: Epidural steroid injection (ESI) Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. The injured worker has pain to the neck and the

back. Examination performed on July 15, 2015 was revealing for decreased range of motion to the cervical spine with pain, positive Spurling's testing to the right cervical five dermatome, motor weakness to the right cervical six dermatome, decreased range of motion to the lumbar spine with pain, positive straight leg raise with radiculopathy to the right lumbar three dermatome, decreased sensation to the right lumbar three to four level, and motor weakness to the right lumbar three to four level. The treating physician has not documented diagnostic confirmation of lumbar radiculopathy. Further, the provider has reported that the patient is improved with functional benefit from physical therapy and acupuncture. The criteria noted above not having been met Lumbar ESI (epidural steroid injection) L4-S1 is not medically necessary.

**Post-op physical therapy sessions x9, 3x a week for 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine chapter, state: "Physical therapy (PT) Recommended post-injection".

**Decision rationale:** The requested Post-op physical therapy sessions x9, 3x a week for 3 weeks, is not medically necessary. CA MTUS is silent. Official Disability Guidelines; ODG guidelines, lumbar spine chapter, state: Physical therapy (PT) Recommended post-injection, 1-2 sessions of physical therapy. The injured worker has pain to the neck and the back. Examination performed on July 15, 2015 was revealing for decreased range of motion to the cervical spine with pain, positive Spurling's testing to the right cervical five dermatome, motor weakness to the right cervical six dermatome, decreased range of motion to the lumbar spine with pain, positive straight leg raise with radiculopathy to the right lumbar three dermatome, decreased sensation to the right lumbar three to four level, and motor weakness to the right lumbar three to four level. The treating physician has not documented the medical necessity for post-injection therapy beyond the referenced guideline recommendations of two post-injection physical therapy sessions. The criteria noted above not having been met Post-op physical therapy sessions x9, 3x a week for 3 weeks is not medically necessary.