

<b>Case Number:</b>	CM15-0062550		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	06/07/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Ohio, North Carolina, Virginia  
 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:

The injured worker is a 51 year old female, who sustained an industrial injury on June 7, 2014. She has reported neck pain and right arm pain. Diagnoses have included cervical spine disc herniation, cervical spine myelopathy, cervical spine radiculopathy, cervical spine retrolisthesis, and cervicogenic headache. Treatment to date has included medications, physical therapy, cervical epidural steroid injection, imaging studies, and diagnostic testing. A progress note dated February 4, 2015 indicates a chief complaint of neck pain radiating to the right shoulder, forearm and wrist, with swelling of the elbow and forearm, and numbness and tingling of the fingers. The injured worker also complained of headache, anger, irritability, and anxiety. The treating physician documented a plan of care that included a cervical spine epidural steroid injection and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ILESI at C5-C6 for diagnostic therapeutic reasons:** Upheld

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

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

**Decision rationale:** Criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this instance, electrodiagnostic studies of the upper extremities failed to confirm evidence of a cervical. While the physical exam is suggestive of a cervical radiculopathy, a previous cervical epidural steroid injection provided only 10% relief of symptoms. Because of the inadequate response to the initial diagnostic ILESI, a second diagnostic ILESI at C5-C6 is not medically necessary, especially in view of the non-confirmatory electrodiagnostic studies of the upper extremities.

**Follow up in four weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines. Neck chapter. Office visits section.

**Decision rationale:** Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through

self care as soon as clinically feasible. In this instance, a follow up office visit is certainly reasonable and medically necessary given the medication management, which includes opioids, and the potential for upcoming fusion surgery.