

Case Number:	CM15-0090172		
Date Assigned:	05/14/2015	Date of Injury:	01/30/2012
Decision Date:	06/30/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation

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 47 year old female with an industrial related injury dated 03/29/2011 resulting in neck pain, headaches, low back pain and right wrist pain. On January 30, 2012 she sustained a second industrial injury resulting in pain in the same areas. Her diagnoses included radiculopathy, sciatica and degenerative disc disease. Prior treatment included physical therapy, diagnostics, chiropractic therapy, acupuncture and medications. MRI of cervical spine dated 12/08/2014 showed mild disc bulges with no evidence of cord compression. Electro diagnostic studies showed mild left carpal tunnel syndrome and right mild to moderate carpal tunnel syndrome. There was no evidence of cervical radiculopathy. She presented on 01/29/2015 with increased pain in the neck with radiation to the arm with numbness and tingling. Physical examination noted a positive Spurling's test to the left. There was decreased sensation in the right hand. The request is for cervical epidural steroid injections, medical clearance and office follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at bilateral C4-5 QTY: 2.00: 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 ESI Page(s): 46-47.

Decision rationale: The 47 year old patient complains of neck pain radiating to the arms with numbness and tingling, as per progress report dated 01/29/15. The request is for ESI AT BILATERAL C4-5, QTY: 2. There is no RFA for this case, and the patient's date of injury is 01/30/12. The patient also suffers from lower back pain radiating to right buttock along and difficulty sleeping, as per AME report dated 02/19/14. Diagnoses included cervical degenerative disc disease, right wrist carpal tunnel syndrome, and lumbar degenerative disc disease. Medications included Omeprazole, Diclofenac, Carisoprodol, and Cyclobenzaprine. The patient is temporarily totally disabled, as per progress report dated 01/29/15. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The Guidelines also state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the progress reports do not document prior ESI of the cervical spine. The patient suffers from neck pain radiating to arms with numbness and tingling. Physical examination, as per progress report dated 01/29/15, revealed positive Spurling's test to the left along with decreased sensation in right C6 and C8 distribution. However, MRI of the cervical spine, dated 12/08/14, revealed normal disc height with severe desiccation at C4-5. There is minimal disc bulge at this level without central canal stenosis or neural foraminal narrowing. MTUS requires evidence of radiculopathy during physical examination and corroborating imaging studies for ESI. Given the lack of significant foraminal narrowing or central canal stenosis at C4-5, this request IS NOT medically necessary.

Epidural steroid injection at bilateral C5-6 QTY: 2.00: 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 ESI Page(s): 46-47.

Decision rationale: The 47 year old patient complains of neck pain radiating to the arms with numbness and tingling, as per progress report dated 01/29/15. The request is for ESI AT BILATERAL C4-5, QTY: 2. There is no RFA for this case, and the patient's date of injury is 01/30/12. The patient also suffers from lower back pain radiating to right buttock and difficulty sleeping, as per AME report dated 02/19/14. Diagnoses included cervical degenerative disc disease, right wrist carpal tunnel syndrome, and lumbar degenerative disc disease. Medications included Omeprazole, Diclofenac, Carisoprodol, and Cyclobenzaprine. The patient is temporarily totally disabled, as per progress report dated 01/29/15. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an

option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The Guidelines also state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the progress reports do not document prior ESI of the cervical spine. The patient suffers from neck pain radiating to arms with numbness and tingling. Physical examination, as per progress report dated 01/29/15, revealed positive Spurling's test to the left along with decreased sensation in right C6 and C8 distribution. MRI of the cervical spine, dated 12/08/14, revealed normal disc height with severe desiccation at C5-6. There is minimal disc bulge at this level along without central canal stenosis or neural foraminal narrowing. MTUS requires evidence of radiculopathy during physical examination and corroborating imaging studies for ESI. Given the lack of significant foraminal narrowing or central canal stenosis at C5-6, this request IS NOT medically necessary.

Medical clearance QTY: 1.00: 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 Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general.

Decision rationale: The 47 year old patient complains of neck pain radiating to the arms with numbness and tingling, as per progress report dated 01/29/15. The request is for MEDICAL CLEARANCE, QTY: 1. There is no RFA for this case, and the patient's date of injury is 01/30/12. The patient also suffers from lower back pain radiating to right buttock along with difficulty sleeping, as per AME report dated 02/19/14. Diagnoses included cervical degenerative disc disease, right wrist carpal tunnel syndrome, and lumbar degenerative disc disease. Medications included Omeprazole, Diclofenac, Carisoprodol, and Cyclobenzaprine. The patient is temporarily totally disabled, as per progress report dated 01/29/15. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." In this case, none of the progress reports discuss the request or the possibility of an impending surgery. Additionally, the treater does not outline what evaluations should be included as part of medical clearance. Given the lack of relevant documentation, the request IS NOT medically necessary.

Follow-up office visit QTY: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The 47 year old patient complains of neck pain radiating to the arms with numbness and tingling, as per progress report dated 01/29/15. The request is for FOLLOW-UP OFFICE VISIT, QTY: 1. There is no RFA for this case, and the patient's date of injury is 01/30/12. The patient also suffers from lower back pain radiating to right buttock along with difficulty sleeping, as per AME report dated 02/19/14. Diagnoses included cervical degenerative disc disease, right wrist carpal tunnel syndrome, and lumbar degenerative disc disease. Medications included Omeprazole, Diclofenac, Carisoprodol, and Cyclobenzaprine. The patient is temporarily totally disabled, as per progress report dated 01/29/15. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the patient suffers from chronic pain and requires additional treatment for reduction of pain and improvement of function. Hence, the request for a follow-up is reasonable and IS medically necessary.