

<b>Case Number:</b>	CM14-0173180		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

The patient is a 56 year old female with date of injury 12/15/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of neck, lower back and hand pain since the date of injury. She has been treated with physical therapy, medications, spinal nerve blocks, epidural steroid injections and a lumbar spine posterior decompression and fusion surgery in 11/2013. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical and lumbar spines, antalgic gait, tenderness to palpation of the cervical and lumbar spine paraspinous musculature bilaterally. Diagnoses: cervicgia, lumbosacral neuritis, lumbago, degenerative disc disease lumbar spine. Treatment plan and request: monthly pain management follow-up visits x 6, bilateral C5-6 cervical transforaminal epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly Pain Management Follow-Up Visits to Go Over Medications:** Upheld

**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 Low back complaints, Neck and upper back complaints Page(s): 308-315, 181-188.

**Decision rationale:** This 56 year old female has complained of neck, lower back and hand pain since date of injury 12/5/2011. She has been treated with physical therapy, medications, spinal nerve blocks, epidural steroid injections and a lumbar spine posterior decompression and fusion surgery in 11/2013. The current request is for monthly pain management follow up visits x 6. Per the MTUS guidelines cited above, monthly pain management follow visits x 6 are not indicated as medically necessary in the treatment of lower back, neck and upper back complaints. On the basis of the available medical records and the MTUS guidelines cited above, monthly pain management follow visits x 6 are not indicated as medically necessary.

**Bilateral C5-6 Cervical Transforaminal Injection:** Upheld

**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 Epidural injections Page(s): 46.

**Decision rationale:** This 56 year old female has complained of neck, lower back and hand pain since date of injury 12/5/2011. She has been treated with physical therapy, medications, spinal nerve blocks, epidural steroid injections and a lumbar spine posterior decompression and fusion surgery in 11/2013. The current request is for a bilateral C5-6 cervical transforaminal epidural injection. Per the MTUS guidelines cited above, epidural injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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 injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines cited above and the available medical records, bilateral C5-6 cervical transforaminal epidural injection is not indicated as medically necessary.