

<b>Case Number:</b>	CM13-0001528		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### 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 Occupational Medicine 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:

The claimant is a female with date of injury 5/15/2012. Per integrated pain care SOAP note, the injured worker complains of severe headaches and neck pain. Pain radiates to both arms, but mostly on the right. She states pain goes up to her neck into the side of her face. She also complains of pain in the lower back with radiation to both legs. Pain is associated with tingling and numbness in the arms, hands and feet, as well as weakness in the arms and hands. The pain is constant in frequency and moderate to severe in intensity. Pain is rated as 7-8/10, 6/10 at its best with patches and 8-9/10 at its worst. Average pain in the last seven days is 7/10. She describes the pain as throbbing, dull and aching with muscle pain and pins and needles sensation. Pain is aggravated by bending backwards, reaching, coughing or straining, lying down and pushing a shopping cart and leaning forward and prolonged sitting and walking. On exam, right shoulder reveals range of motion to forward flexion is 100 degrees, abduction is 90 degrees, external rotation is 50 degrees, internal rotation is 40 degrees and extension is 20 degrees. There is tenderness to palpation over the posterior aspect of the right shoulder. There is positive Hawkin's test. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. Examination of the lumbar spine reveals range of motion to forward flexion is 60 degrees, extension is 20 degrees, and side bending is 25 degrees to the right and 25 degrees to the left. There is sciatic notch tenderness. There is positive straight leg raise test on the left in the seated and supine position to 50 degrees. Strength testing is normal except the 4+/5 right shoulder abduction. Diagnoses include lumbago, disorders of bursae and tendons in shoulder region, and displacement of cervical intervertebral disc without myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-4 BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, regarding 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In this case clinical documents shows that on 8/7/2012 the injured worker had findings on EMG/NCV studies that indicated chronic neuromuscular dysfunction (greater than 90 days) with moderate dysfunction in bilateral upper extremities. MRI of the cervical spine on 10/25/2012 revealed 1) no finding to suggest an acute or subacute osseous abnormality and disc height was well maintained at all levels with only slight disc desiccation 2) mild spondylitic degenerative changes were present at several levels most pronounced although still mild at the C3-C4 level. The medical documents provided do have reports of MRI and EMG/NCV studies, but the findings do not sufficiently support the subjective complaints of cervical radiculopathy. The EMG/NCV findings are chronic, indicating that they are likely from prior injuries. Also, the MRI finding appear quite minor and not conclusive as to explain the injured worker's symptoms. Physical exam also does not identify radiculopathy in a dermatomal pattern. Although the requesting provider is stating that the criteria have been met to support the use of cervical epidural steroid injection, this is not indicated in the medical reports for review. The request for C3-C4 bilateral transforaminal epidural steroid injection is not medically necessary and appropriate.