

<b>Case Number:</b>	CM14-0109245		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 patient is an injured worker with the diagnoses of cervical disc injury with cervical radiculopathy, lumbar disc injuries with lumbar radiculopathy, and right sacroiliac strain. The mechanism of injury was extension injury against resistance of the cervical spine. Date of injury was 01-07-2013. The progress report dated 6/19/14 documented subjective complaints of discomfort of cervical spine, lumbar spine, and right sacroiliac area. She had cervical epidural injection on 06-02-2014. She had an initial positive response with pain reduction from 9/10 to 2/10 over a period of 5 days. Subsequently she had return to discomfort level of 8/10. She had a transient response to the cervical epidural injection performed 6/2/14. Objective findings were documented. There is mild paraspinal spasm in the posterior cervical musculature bilaterally. Pain increases with extension and lateral bending of the cervical spine left and right. Right Spurling's maneuver causes pain to radiate to the proximal right shoulder. Light touch sensation is decreased in the 3rd, 4th and 5th digits of the right hand. Motor strength is grossly intact in both upper and lower extremities. Diagnoses were cervical disc injury with cervical radiculopathy, lumbar disc injuries with lumbar radiculopathy, and right sacroiliac strain. Treatment plan included a request for a second epidural and right sacroiliac injection. Utilization review determination date was 6/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection With Corticosteroid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESI) are an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies or Electrodiagnostic testing. 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. The progress report dated 6/19/14 documented that the patient had her first cervical epidural injection on 06-02-2014. She had an initial positive response with pain reduction from 9/10 to 2/10 over a period of 5 days. Subsequently she had return to a discomfort level of 8/10. She had a transient response to the cervical epidural injection performed 6/2/14. MTUS guidelines state that 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. Medical records document that the patient had a transient response for 5 days. Subsequently her pain level increased to near pre-ESI levels. The response was not sustained for the required six to eight weeks. Because the first cervical epidural steroid injection did not result in significant sustained improvement, a second cervical epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for Cervical Epidural Injection with Corticosteroid is not medically necessary.

**Right Sacroiliac Injection With Lidocaine, Marcaine And Corticosteroid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive

techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroilitis (rheumatologic disease) is not recommended. The progress report dated 6/19/14 documented a physical examination. There was mild paraspinal spasm in the posterior cervical musculature bilaterally. Pain increased with extension and lateral bending of the cervical spine. Right Spurling's maneuver caused pain to radiate to the proximal right shoulder. Light touch sensation was decreased in the 3rd, 4th and 5th digits of the right hand. Motor strength was grossly intact in both upper and lower extremities. No examination of the sacroiliac joint was documented. Because no evidence of inflammatory sacroilitis was documented, the performance of SI sacroiliac joint injections is not supported. Therefore, the request for Right Sacroiliac Injection with Lidocaine, Marcaine and Corticosteroid is not medically necessary.