

<b>Case Number:</b>	CM14-0111825		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 4/5/2011. The mechanism of injury is stated as flipping out of her chair. The patient has complained of chronic neck and lower back pain since the date of injury. She has been treated with medications, TENS unit, physical therapy and lumbar epidural corticosteroid injections. Magnetic resonance imaging (MRI) of the lumbar spine dated 09/2013 showed facet arthropathy and disc disease at L4-5, L5-S1 with moderate foraminal narrowing bilaterally at L5-S1. MRI of the cervical spine dated 04/2014 revealed moderate degenerative joint disease throughout the cervical spine and moderate foraminal narrowing bilaterally at C5-6. Objective: positive spring test at C5-6 with negative flexion and extension and positive lateral flexion with no radiculopathy; positive spring test at L2-3. Diagnoses: brachial neuritis, lumbar spondylosis with myelopathy. Treatment plan and request: epidural corticosteroid injection lumbar spine x 3, epidural corticosteroid injection cervical spine times 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI, L4 -5 under sedation x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Medical Guidelines; Epidural steroid injections (ESIs).

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

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS) guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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, nonsteroidal anti-inflammatory drugs (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. The available medical records do not include documentation that criterion(7) and (8) above have been met. Specifically, at the time of request, there is no documentation that the patient had at least 50% pain relief with associated reduction in medication use for at least six to eight weeks with the previous epidural steroid injections and no documentation of specific functional improvement. Additionally, a series of 3 injections is not recommended, as is currently requested. On the basis of the California (MTUS) guidelines and available provider documentation, the current request for lumbar epidural steroid injection times 3 is not indicated as medically necessary.

**CESI, C4-6 under sedation x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Medical Guidelines; Epidural Steroid Injections (ESIs).

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

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS) guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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, nonsteroidal anti-inflammatory drugs (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. The available medical records do not include documentation that criterion (1) and (8) above have been met. Specifically, there is no documentation of cervical radiculopathy as evidenced by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, a series of 3 injections is not recommended. On the basis of the California (MTUS) guidelines and available provider documentation, the current request for cervical epidural steroid injection times 3 is not indicated as medically necessary.