

<b>Case Number:</b>	CM14-0151839		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 41-year-old female who reported a work related injury on 07/25/2012 due to a fall. The injured worker's diagnosis consists of cervical degenerative disc disease. The injured worker's past treatment has included chiropractic care, physical therapy, medication management, and an epidural steroid injection on 03/07/2013. Diagnostic studies include an MRI of the cervical spine on 09/11/2012 which revealed 2.2 mm disc herniation at C3-4, disc herniation abuts the thecal sac measuring 2 mm at C4-5, focal disc herniation abutting the spinal cord producing spinal cord narrowing at C5-6, and flexion and extension and 3 mm in neutral disc measurements. The injured worker underwent electrodiagnostic test that was performed on 10/01/2012 which revealed normal findings. Upon examination on 07/29/2014, the injured worker complained of neck pain radiating into the right upper extremity. The injured worker stated she underwent a previous epidural steroid injection on the right at C5-6 on 03/07/2013 which provided at least 60% benefit lasting 5 to 6 months but no reported improvement in range of motion. The injured worker stated she was able to return to work without restrictions. However, over the past 6 months, she stated she had been noticing increased symptomology in her neck pain as well as radicular symptoms to her left upper extremity. Upon physical examination, it was noted that the injured worker was in mild distress, tenderness, multiple trigger points, decreased range of motion, 5/5 strength, and decreased sensation along the bilateral lateral arm and forearm in the C5-6 distribution. The injured worker's prescribed medications were not provided for review. The injured worker's treatment plan consisted of a second fluoroscopically guided transforaminal epidural steroid injection at C5-6 midline. The rationale for the request was decreased left pain along with radicular symptoms to her left upper extremity. A Request for Authorization form was submitted for review on 06/26/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd Fluoroscopically guided Transforaminal Epidural Injection at CS-6 midline:** Upheld

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

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

**Decision rationale:** California MTUS recommends epidural steroid injections as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 epidural steroid injections. Research has not shown that, on average, less than 2 injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is provided produced with the first injection, and an ESI is rarely recommended. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Additionally, the [REDACTED] has recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of functional or the need for surgery and do not provide long term pain relief beyond 3 months, and there is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain. The guidelines state the criteria for the use of epidural steroid injections consist of; radiculopathy must be documented by physical examination and corroborated by imaging studies and no electrodiagnostic testing, initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if used for diagnostic preferences, a maximum of 2 injections should be performed, no more than 2 nerve levels should be injected using transforaminal blocks, and 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 6 to 8 weeks. In regards to the injured worker, it was noted within the documentation that the injured worker had 60% pain relief for 5 to 6 months with notable improvement in her range of motion. The documented pain relief, of 60% over 5 to 6 months would indicate the medical necessity for a repeat epidural steroid injection. However, the injured worker stated she had increased symptomology with radicular symptoms in her left upper extremity. In the past the injured worker reported her pain was primarily in her right upper extremity. It was also noted within the documentation that the injured worker's last MRI was performed on 09/08/2012. Considering the length of time that has passed since last MRI and the injured worker's change in condition and neurological status, the medical necessity of a repeat transforaminal epidural steroid injection cannot be warranted. As such, the request is not medically necessary.