

<b>Case Number:</b>	CM14-0154175		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 11/27/2013. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included low back pain with lumbar radiculopathy, status post lumbar fusion, left upper extremity numbness with tingling, possible cervical radiculopathy, and right shoulder pain. The injured worker's past treatments included medications, epidural steroid injections on 02/19/2014 and 06/11/2014, and surgery. The injured worker's diagnostic exams included an MRI of the cervical and thoracic spine. The injured worker's surgical history included a lumbar fusion on an unknown date. 08/20/2014, the injured worker complained of mid back, neck, and arm pain that has improved as the result of a cervical epidural steroid injection on 06/11/2014. Although, the pain has begun to gradually worsen over time. It was indicated that his neck and upper extremity pain improved by approximately 60% to 70% as a result of the injection more than 2 months ago. The physical exam revealed slow but improved gait with neurological senses intact to the lower extremities. There was noted decreased range of motion of the lumbar spine. There was tenderness to pressure bilaterally of the paraspinals from the L3-4 to L5-S1. A straight leg raise was positive bilaterally, localizing to mild to moderate low back pain. The injured worker was positive for tightness and pain to pressure bilaterally paraspinals in the upper to mid thoracic region with tenderness over the midline. There was also a positive Spurling's test on the right with localized neck pain and numbness to the left upper extremity. There was also numbness over the bilateral C7 dermatomes with right shoulder range of motion limited to extension and abduction with pain. The injured worker's medications included Percocet 10/325 mg, Flexeril 10 mg, and Gabapentin. The treatment plan consisted of a cervical interlaminar epidural steroid injection to address radicular symptoms, consultation for a right shoulder evaluation, and the continuation of medications. A request was received for a cervical epidural steroid injection. The rationale for

the request is that the injured worker receive adequate pain relief from the prior epidural steroid injection. The Request for Authorization form was signed and submitted on 08/20/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cervical Epidural Steroid Injection (ESIs): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain; defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Most guidelines do not recommend more than 2 epidural steroid injections at one time. The criteria for epidural steroid injections concludes that radiculopathy must be documented by physical examination and corroborated by electro diagnostic testing; there must be indication that the injured worker was initially unresponsive to conservative treatment; and no more than 2 injections may be performed on 1 nerve root level. 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 at least 6 to 8 weeks. Also, injections should be performed using fluoroscopy, live x-ray for guidance. Based on the clinical notes, the injured worker had complaints of mid back, neck and arm pain, which was improved by the previous cervical epidural steroid injection on 06/11/2014. However, the clinical notes failed to indicate quantifiable and measures that showed 50% reduction in pain relief and a reduction of medications for at least 6 to 8 weeks following the epidural steroid injection. Also, the clinical notes failed to indicate that the injured worker was initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. Also, injections should be performed using fluoroscopy for guidance and the request fails to indicate that. Additionally, it is uncertain of which nerve root levels will be injecting, as the guidelines state that only 2 nerve root levels should be injected using transforaminal blocks. The clinical notes indicated that the injured worker's pain is radicular in nature and the guidelines do not have sufficient evidence to support the use of epidural steroid injections for this etiology. Therefore, due to lack of documentation indicating the injured worker failed conservative treatment, radiculopathy corroborated by electronic diagnostic testing, the use of fluoroscopy, lack of clinical evidence indicating at least 50% pain relief and a reduction in medication, and an absence of the nerve root levels to be injected, the request is not supported. Therefore, the request for a cervical epidural steroid injection (ESIs) is not medically necessary and appropriate.