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| <b>Case Number:</b>   | CM14-0069718 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 06/03/2009 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 05/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2014 |

### 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 Physical Medicine and Rehabilitation 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:

This is a 50-year-old female with a date of injury of 6/03/09. Mechanism of injury appears to be a poor ergonomic set-up at work, but no trauma is discussed. The patient has chronic symptoms, and is receiving ongoing care from a pain specialist and occupational medicine doctor for diagnoses of cervicothoracic sprain/strain, cervical disc disease, bilateral shoulder tendinitis/impingement, bilateral wrist tendinitis/DQTS, left clinical CTS, thoracolumbosacral sprain/strain, lumbar disc disease, sleep disorder, depression, gastritis, cervical facet syndrome, cervicocranial headaches, right cubital tunnel syndrome, cervical radiculopathy, lumbar radiculopathy, gastritis, GERD, and worsening cervical pain. 2/12/14 report notes that the patient has had a prior cervical ESI, date not disclosed, with a positive response. There is no report of the percentage reduction in cervical radicular symptoms or reduction in medication usage. The patient was complaining of pain radiating down the left arm. There is report of an overturned denial of a prior CESI on 1/15/14 by IMR. Exam shows painful and reduced rom. Sensation is reduced at the left C5-6 dermatome. Motor is reduced at the left C5-6 myotome. MRI shows a disc bulge of 3-4 mm at C5-6 with no stenosis. For unknown reasons, ESI is requested at bilateral C5-7 levels. There is a procedure report of a left C5-6 ESI on 11/10/11. No reports are submitted in that post-injection time period that clearly documents the response. The PTP saw the patient on 3/13/14, and is disputing multiple denials, but confusingly states that the patient remains in need of cervical epidural injection, and that he recommends the previously denied facet injections. This was submitted to Utilization Review with decision rendered on 5/02/14. This report notes that the patient also had a CESI on 11/11/09 with no relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, 175, Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back.

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

**Decision rationale:** Guidelines support ESI procedures in patients with a clear clinical picture that is suggestive of the diagnosis of radiculopathy, and corroborated by exam, imaging, and/or electrodiagnostics. The patient must have failed conservative care. For repeat injections, guidelines recommend they only be considered if there is a documented 50% reduction in symptoms with associated reduction of medication for 6-8 weeks. In this case, there are a number of issues. First, there is no documentation of the prior response with regards to a quantified percentage reduction as well as reduction in medication usage following injection. It appears that at least two prior CESI procedures have been done. None of the submitted reports from the pain specialist or PTP document this response, and only state that it was subjectively beneficial. The second issue is that 4 nerve root levels are requested, 2 on the left and 2 on the right. Not only is this in excess of appropriate recommended injections in one sitting, there is no support for right sided injections in this patient with left sided symptoms. Finally, a report from the PTP is asking for both facet and epidural injections. These injections are not recommended for concurrent administration. Because of these issues, medical necessity for a cervical epidural steroid injection is not established.