

<b>Case Number:</b>	CM14-0084247		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Occupational and Environmental Medicine and is licensed to practice in West Virginia and Ohio. 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:

Individual is a 56 year old female with a date of initial injury 9-17-10. Individual had a cumulative additional injury 10-29-11 through 10-29-12. During her exam 3-28-14, the individual complained of cervical and lumbar spine pain. She rated the sharp cervical pain with radiation to the left arm, as a 7 out of 10 for the cervical spine with tingling and numbing sensations to both arms. The described the lumbar pain as shooting, radiating down to the bilateral lower extremities with occasional numbness and rated it as a 6 out of 10 (subjective). Individual walks with a wide-based gait. Her cervical exam is as follows: decreased normal lordosis; moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending to both trapezius muscles; axial head compression and spurling sign are both positive bilaterally; cervical range of motion is decreased, as well. Lumbar spine exam: diffuse tenderness to palpation over the lumbar paraspinal muscles; moderate facet tenderness to palpation at the L4-S1 levels; positive Kemp's sign and a positive seated straight leg raise (objective). Pertinent diagnosis for the individual are cervical disc disease with left arm radiculopathy; bilateral wrist carpal tunnel; and lumbar disc disease with lower extremity radiculopathy. The original requests pertain to epidural steroid injections to bilateral C5-C6 and L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Bilateral C5-6 Transfacet ESI (Epidural Steroid Injections): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." The MTUS further defines the criteria for epidural steroid injections to include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Individual does have documented radiculopathy by physical exam. However, no MRI or EMG could be located in the provided medical records. Also, it appears that the individual was recently prescribed physical therapy with her first appointment 7-17-14. No documentation was provided as to whether the physical therapy is helping with her symptoms. Therefore, with the lack of documentation regarding failed conservative treatments and lack of imaging studies/ electrodiagnostic testing, outpatient bilateral C5-6 transfacet ESI is deemed not medically necessary.

**Bilateral L4-5 transoraminal ESI (Epidural Steroid Injections):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic (Acute and Chronic) Epidural Steroid Injections (ESI's) Therapeutic.

**Decision rationale:** The MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology concluded that ESI's can lead to improvement in lumbosacral pain between 2 and 6 weeks and they do not provide long-term pain relief beyond 3 months. The MTUS further defines the criteria for epidural steroid injections to include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical therapy, NSAIDs and muscle relaxants). Individual does have documented radiculopathy by physical exam. However, no MRI or EMG could be located in the individual's medical records. Also, no history of failed physical therapy or other conservative treatments were noted. The individual just started physical therapy 7-17-14. The individual does not meet criteria for a bilateral L4-L5 transoraminal ESI. It is deemed not medically necessary.

