

<b>Case Number:</b>	CM14-0095261		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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:

The injured worker is a 53-year-old female who reported an injury on 09/27/2012, reportedly while standing in a bent or flexed position at the foot of a patient's bed. He was standing at the side of the bed with his back towards her. He was moving the bed linen the patient began to stumble and fall backwards towards the bed. She attempted to help the patient by reaching out with her left hand and he fell against her, causing injury to her left wrist and her mid upper back. The injured worker's treatment history included an MRI, x-rays, CT scan, physical therapy sessions, trigger point injections, medications, surgery, and interforaminal injections. On 08/27/2013, the injured worker had undergone an MRI of the cervical spine that revealed a 3 mm focal central disc protrusion at C5-6. There was bilateral foraminal bony disc osteophytosis, greater on the left side. There was severe left and moderate right foraminal stenosis. At C6-7, there was a 3.5 mm disc herniation, particularly prominent within the neural foramen and severe bilateral foraminal stenosis. C7-T1 was normal. The injured worker was evaluated on 06/03/2014, and it was documented that the injured worker complained of pain in the cervicothoracic area due to disc herniation with pain primarily around the scapula on the left upper extremity. The pain was rated at a 5/10 to a 10/10, which was severe with extreme motion of the head and neck. The pain radiated up into the occipital area, causing severe headaches with throbbing sensation. Flexion and extension was noted as rotation caused exacerbation. There was tenderness with trigger point in the bilateral trapezius, also around the scapula and into the thoracic spine. The pain radiated into the shoulders and down into the arms and fingers, causing dysesthesias, numbness, and tingling. On physical examination, there was paraspinal muscle spasms bilaterally and tenderness over the lumbosacral spine. There was straightening of the lumbar lordosis and positive straight leg raising bilaterally. There was cervical, thoracic, lumbar, lumbosacral, sacroiliac joint, and costovertebral tenderness as well as severe pain around the left

scapula with spasms. Diagnoses included cervical spondylosis without myelopathy, cervicalgia, degeneration of cervical intervertebral disc, displacement of thoracic intervertebral disc without myelopathy, degeneration of the lumbar or lumbosacral intervertebral disc, disorders of sacrum, unspecified enthesopathy of the elbow, enthesopathy of the hip region, generalized osteoarthritis, unspecified site, displacement of the lumbar intervertebral disc without myelopathy, and migraine, unspecified without mention of intractable migraine without mention of status migrainosus. Medications included Xanax and hydromorphone HCl. The Request for Authorization dated 06/05/2014 was for left thoracic transforaminal epidural steroid injection at levels C5-6, C6-7, and C7-T1 under fluoroscopic guidance however a rationale was not submitted for review.

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

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

**Left thoracic transforaminal epidural steroid injection at levels C5-6, under fluoroscopic guidance:** 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 (ESIs) Page(s): 46.

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. The provider noted the injured worker had undergone a previous ESI; however, there was a lack of documentation of longevity of functional improvement. There was a lack of documentation of home exercise regimen, pain medication management, and prior physical therapy outcome measurements for the injured worker. The diagnoses included lumbar radiculopathy, spasm of muscle, and unspecified myalgia and myositis. Given the above, the request for left thoracic transforaminal epidural steroid injection at levels C6-7 under fluoroscopic guidance is not medically necessary.

**Left thoracic transforaminal epidural steroid injection at levels C6-7 under fluoroscopic guidance:** 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 (ESIs) Page(s): 46.

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. The provider noted the injured worker had undergone a previous ESI; however, there was lack of documentation longevity of functional improvement. There was lack of documentation of home exercise regimen, pain medication management, and prior physical therapy outcome measurements for the injured worker. The diagnoses included lumbar radiculopathy, spasm of muscle, and unspecified myalgia and myositis. Given the above, the request for left thoracic transforaminal epidural steroid injection at levels C5-6, under fluoroscopic guidance is not medically necessary.

**Left thoracic transforaminal epidural steroid injection at levels C7-T1 under fluoroscopic guidance:** 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 (ESIs) Page(s): 46.

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. . On 08/27/2013, the injured worker had undergone an MRI of the cervical spine that revealed a 3 mm focal central disc protrusion at C5-6. There was bilateral foraminal bony disc osteophytosis, greater on the left side. There was severe left and moderate right foraminal stenosis. At C6-7, there was a 3.5 mm disc herniation, particularly prominent within the neural foramen and severe bilateral foraminal stenosis. C7-T1 was normal. The provider noted the injured worker had undergone a previous ESI; however, there was lack of documentation longevity of functional improvement. There was lack of documentation of home exercise regimen, pain medication management, and prior physical therapy outcome measurements for the injured worker. The diagnoses included lumbar radiculopathy, spasm of muscle, and unspecified myalgia and myositis. Given the above, the request for left thoracic transforaminal epidural steroid injection at levels C&-T1 under fluoroscopic guidance is not medically necessary.