

<b>Case Number:</b>	CM14-0207719		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old male with a date of injury of 09/14/2012. The mechanism of injury was not indicated. His diagnoses include right carpal tunnel syndrome, left cubital tunnel syndrome, left lower extremity lumbar radiculopathy at L5 per EMG dated 04/23/2013, chronic lumbar strain with disc herniation, and cervical and thoracic sprain/strain. His past treatments have included physical therapy, chiropractic therapy, cortisone injections, and medications. Diagnostic studies have included an MRI 10/17/2012 which revealed at L4-5, a 3 to 4 mm disc bulge in combination with moderate facet and ligamentum flavum hypertrophy with mild moderate narrowing of the neural foramina bilaterally; at L3-4, a 2 mm disc bulge and mild facet hypertrophy without canal or foraminal stenosis. On 02/02/2015, the injured worker presented with continued complaints of neck, lower back, bilateral wrist, and bilateral hand pain. He rated his neck pain at 7/10, which was frequent and radiated to both hands with weakness and numbness. He rated his low back pain as 8-9/10, which was frequent, and he rated his bilateral wrist and hand pain at 6/10, which was intermittent. He indicated that the pain was alleviated with rest and medication, which lowered his pain to 4/10. He was doing chiropractic treatment for the lumbar spine. Physical examination of the cervical spine revealed decreased range of motion with tenderness to the paraspinals. Cervical compression was positive and decreased strength and sensation was 4/5 bilaterally at C5, C6, and C7. Examination of the lumbar spine revealed decreased range of motion. There was positive Kemp's sign, and physical examination of the bilateral wrists and hands revealed decreased grip strength was at 4/5 with decreased sensation to the right at the medial and ulnar aspect. His medications are Flexeril 10 mg. The

treatment plan is to continue chiropractic treatments of the lumbar spine, pain management consultation, and remain off work. The rationale was not included. The Request for Authorization form dated 02/10/2015 was provided.

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

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

#### **C5-6 cervical steroid injection, monitored anesthesia, epidurography: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Epidural steroid injection (ESI) Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)/Sedation.

**Decision rationale:** The request for C5-6 cervical steroid injection, monitored anesthesia, epidurography is not medically necessary. The patient complained of continued pain in his lower back. The Official Disability Guidelines criteria for the use of the epidural steroid injections are radiculopathy must be documented by physical exam and corroborated by imaging studies and initially unresponsive to conservative treatment, for example, exercises, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy, and a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal, and no more than 1 interlaminar level should be injected at 1 session. The patient complained of continuing neck pain and lower lumbar pain. There is lack of documentation demonstrating evidence of objective findings or neurological deficits, such as decreased sensation, loss of strength, decreased deep tendon reflexes, and positive Spurling's. There is lack of documentation demonstrating the patient has had recent conservative treatment. Reports for the MRI and the electrodiagnostic study were not included for review. There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The guidelines state that monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided. The request did not indicate the use of fluoroscopy for guidance. As such, the request is not medically necessary.

#### **L4-L5 steroid injection, monitored anesthesia, epidurography: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

**Decision rationale:** The request for L4-L5 steroid injection, monitored anesthesia, epidurography is not medically necessary. The patient complained of low back pain. California MTUS Guidelines recommend ESIs as an option for treatment of radicular pain. An 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 criteria for an ESI are radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using the transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. There was lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The guidelines state that monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided. The request did not indicate the use of fluoroscopy for guidance in the request. As such, the request is not medically necessary.