

<b>Case Number:</b>	CM15-0004368		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 63 year old female, who sustained an industrial injury on 09/15/2005. She has reported chronic back pain, urinary incontinence, pain in the shoulders, and pain in the neck. The diagnoses have included cervical disc degeneration, lumbar facet syndrome, chronic back pain, and joint pain in the shoulder, possible piriformas syndrome, spasm of muscle, cervical radiculopathy and urinary incontinence. Treatment to date has included cervical facet medial branch block (MBB) and a cervical epidural steroid injection (CESI) done in 2006. She also had a left L3-4 decompressive laminectomy and foraminotomy in October 2011, and a Lumbar Medial Branch radiofrequency Neurotomy at L4, L5, Sacral Ala and S1 branch in June 2011, A four-level facet MBB of L4, O5, Sacral Ala and S1 in May 2011, a five level medial branch rhizotomy, left L3, 4, 5, and sacral ala, superolateral branch of S1 in June 2012. Currently, in the visit of 12/09/2014, the IW complains of increased pain that is rated as a 9 on a scale of 10 with medications and 10 on a scale of 10 without medication. She complains of poor sleep. She had no new injuries, and quality of life remains the same. Activity remained the same. Her perception is that the medications are less effective. On examination the IW appears in mild distress, she has a global antalgic gait, is stooped, and doesn't use assistive devices. There is tenderness of the paravertebral, paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptom. Range of motion of the lumbar spine is restricted by pain. The paravertebral muscles have hypertonicity, spasm and tenderness and a tight muscle band noted on the right. Lumbar facet loading is positive on the right and straight leg raising test is positive on both sides in sitting at 75 degrees. Tenderness is noted over

the posterior iliac spine on the right. Trigger point with radiating pain and twitch response on palpation is noted at the cervical paraspinal muscles on the right trapezius muscle. The treatment plan includes right sided trigger point injections and cervical epidural steroid injections at C7-T1 for bilateral radicular numbness and cervical pain. On 12/18/2014 Utilization Review non-certified a Cervical epidural injection at C7-T1, noting the MBB and CESI done in 2006 had no documentation of lasting subjective, objective or functional improvement after previous similar injections performed more proximal to the date of injury to support a repeat CESI in 2014 The MTUS, Chronic Pain Criteria for the use of Epidural steroid injections Guidelines, (or ODG) was cited. On 01/08/2015, the injured worker submitted an application for IMR for review.

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

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

#### **Cervical epidural injection at C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 5) No more than two nerve root levels should be injected using transforaminal blocks 6) No more than one interlaminar level should be injected at one session 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year 8) No more than 2 ESI injections. Per AME dated 9/12/2006, the injured worker reported no long-term relief from the epidural steroid injection. The AME opined that a pending facet block would not provide long-term relief. The injured worker is reported to have a significant disc bulge, but no clear herniation. It was anticipated that over time the bulging disc would become smaller. The medical reports do not provide indicate that the injured worker has experienced objective functional improvement with at least 50% pain relief with associated reduction of medication use for six to eight weeks with the prior cervical epidural injection. The request for Cervical epidural injection at C7-T1 is determined to not be medically necessary.