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| <b>Case Number:</b>   | CM15-0103299 |                              |            |
| <b>Date Assigned:</b> | 06/05/2015   | <b>Date of Injury:</b>       | 07/09/2008 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 05/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/29/2015 |

### 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: 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 56 year old female, who sustained an industrial injury on 7/9/2008. The current diagnoses are C5-6 degenerative spondylosis, foraminal stenosis, and right C6 radiculitis. According to the progress report dated 5/4/2015, the injured worker complains of recurrent right parascapular discomfort, cervical stiffness, and tingling in the radial border of the right hand. The physical examination reveals positive Spurling's test on the right, decreased sensation over the right C6 dermatome, and absent deep tendon triceps reflexes. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, and transforaminal block. The plan of care includes repeat transforaminal epidural steroid injection at C5-6 with imaging guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat transforaminal epidural steroid injection at C5-6 with imaging guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

**Decision rationale:** Review indicates the patient has had two previous CESI. A provider had noted the CESI on 10/25/13 was "disappointing." Another provider noted on report of 1/5/15 the patient did not have much improvement from previous injections. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a CESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Repeat transforaminal epidural steroid injection at C5-6 with imaging guidance is not medically necessary and appropriate.