

<b>Case Number:</b>	CM15-0104889		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old woman sustained an industrial injury on 11/2/2012. The mechanism of injury is not detailed. Evaluations include neck x-rays dated 11/2012 and neck and back MRIs dated 3/2013. Diagnoses include pain in shoulder joint, lumbosacral spondylosis without myelopathy, cervical radiculopathy, cervical degenerative disc disease, and cervical degeneration of intervertebral disc. Treatment has included oral medications, home exercise program, cervical epidural steroid injection, medical branch blocks, and activity modification. Physician notes on a PR-2 dated 5/13/2015 show complaints of daily neck, low back, and bilateral shoulder pains with radiation to the left arm and right leg with numbness, tingling, and weakness. The worker rates her pain 9/10 without medications and 7/10 with medications. Recommendations include Neurontin, Baclofen, Tramadol, continue home exercise program, moist heat, stretching, continue psychiatric care, repeat epidural steroid injection with fluoroscopic guidance, repeat lumbar radiofrequency ablation, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Cervical Epidural Steroid Injection, C7-T1 (thoracic), Qty 1: 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 ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESIs) include radiculopathy that must be documented by physical exam and corroborated by imaging. According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESIs are of uncertain benefit and should be preserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. In this case, the request for a second CESI was made 5 weeks after the initial injection, which does not meet the guideline criteria. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Baclofen 10 mg Qty 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 24, 63, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 43.

**Decision rationale:** The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation provided necessitating the use of Baclofen. There is no evidence of objective functional benefit to support any subjective improvements noted. In addition, the cited guidelines do not recommend this medication to be used for longer than 2-3 weeks. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

**Fluoroscopic guidance, Qty 1:** 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 ESIs  
Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** Medical necessity for the requested cervical epidural steroid injection has not been established. There is, therefore, no indication for the use of fluoroscopic guidance for the requested cervical epidural steroid injection. The requested service is not medically necessary.

**Monitored Anesthesia, Qty 1:** 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 ESIs  
Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** Medical necessity for the requested cervical epidural steroid injection has not been established. There is, therefore, no indication for the use of monitored anesthesia for the requested cervical epidural steroid injection. The requested service is not medically necessary.