

<b>Case Number:</b>	CM15-0104947		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/07/2015
<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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on December 1, 2012. She reported that while she was retrieving firefighter boots from a metal shelf the unit and the boots fell on her head, neck, shoulders, back, and legs, knocking her to the floor. The injured worker was diagnosed as having cervical disc bulges, cervical stenosis, cervical radiculitis, cervical sprain/strain, cervical facet joint pain, thoracic sprain/strain, lumbar sprain/strain, lumbar radiculitis, lumbar facet joint pain, and sacroiliac joint pain. Treatment to date has included MRI, electromyography (EMG)/nerve conduction study (NCS), and medication. Currently, the injured worker complains of cervical spine pain radiating into the bilateral upper extremities, thoracic spine pain, and lumbosacral spine pain radiating into the bilateral lower extremities. The Treating Physician's report dated April 16, 2015, noted the injured worker reported that her Naproxen and Flexeril were not providing relief, therefore the Physician prescribed Tramadol and provided the injured worker with Lyrica samples. The injured worker's current medications were listed as Amlodipine, Hydrochlorothiazide, Pantoprazole, and Prednisone. Physical examination was noted to show paracervical muscle spasm and tenderness with the cervical facet joints diffusely tender bilaterally, and positive cervical compression test. Decreased sensation to light touch of the left C5 and C6 dermatomes, with subjective intermittent tingling corresponding to the bilateral C8 dermatomes was noted. The bilateral thoracic paravertebral and trapezius muscles were noted to be diffusely tender, as were the lumbosacral bilateral paravertebral muscles. The bilateral sacroiliac joints were noted to be tender, with the bilateral L3-L4, L4-L5, and L5-S1 facet joints were tender bilaterally. Straight leg raise was noted to be positive bilaterally. The treatment plan was noted to include medications of Naproxen and Flexeril, and a request for authorization for a cervical epidural steroid injection (ESI) at C5-C6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Epidural steroid injection, Cervical spine, C5-C6: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current researches does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of neck pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.