

<b>Case Number:</b>	CM15-0109982		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old female who sustained an industrial injury on 10/5/12. Diagnoses are: Cervical Disc Degeneration, Lumbar/Lumbosacral Disc Degeneration, Radiculopathy/Radiculitis, Depressive Disorder not otherwise specified, Panic disorder without Agoraphobia. A treating physician progress report dated 4/3/15 notes chief complaints of cervical pain radiating to bilateral shoulders, upper extremities, and mid back pain. She recently had a cervical epidural steroid injection on 3/19/15 with relief of her cervical pain. She had an epidural steroid injection on 2/23/14 and she notes improved range of motion but that she still has upper extremity pain that has not responded to the injections. She has increased range of motion in her cervical spine with greater than 70% improvement and is able to sleep better and move better. She has had a total of 2 cervical epidurals with significant relief of her pain, however, she continues to have stiffness occasionally. The pain has since returned and she continues to have radiating pain. She would like a second opinion for a surgical consultation. She is currently taking Zoloft, Seroquel, Abilify, Cogentin, Tizanidine and has begun aquatic exercises. She reports side effects of Gabapentin as weight gain and mood changes and has been able to decrease her dose to 4 tablets per day. Present complaints of cervical pain radiating to her upper extremities is described as stabbing, shooting pain of her left shoulder to her right upper extremity to her elbow and she is unable to lift her shoulder without significant impingement. She also reports weakness in bilateral wrists and hands, increased pain with prolonged sitting, and cervical and radiating symptoms despite physical therapy sessions. The neck pain is rated as 6 out of 10, described as throbbing and aching. She notes temperature sensitivity in her neck and upper extremities and is very sensitive to cold. She complains of spasms, lower back pain, difficulty sleeping, and increasing cervicogenic headaches secondary to increasing cervical pain. Objective findings are noted as range of motion of the cervical spine, forward flexion is

20, extension is 20 right rotations is limited to 35, left rotation is 45, lateral flexion to the right is 20 and to the left is 15. There is pain at the limits of all motions. There is pain with palpation over the bilateral trapezius musculature and in the cervical paraspinal musculature, tenderness over the levator scapulae and rhomboid musculature, severe myofascial trigger points in these areas, and left greater than right with twitch response and referral of pain. There is palpable lumbar paraspinal muscle spasm with myofascial trigger points and twitch response with referral of pain. Strength testing causes neck pain and sensation is mildly decreased bilaterally from neck to shoulders. Straight leg raise is negative on the left at 65 and positive on the right at 45. A primary treating physician progress report dated 4/28/15 notes she had cervical epidural steroid injections with increase in range of motion but pain is the same. Objective findings are noted as a positive MRI and decreased range of motion with pain in the neck. The treatment plan is noted as she is awaiting neck surgery consult. A follow-up treating physician report dated 5/28/15 reports a treatment plan of Ativan, Ambien, Prozac and to follow up in four weeks. Prior treatment includes muscle relaxants, opioids, benzodiazepines, Ambien, proton pump inhibitors, physical therapy, home exercise program, aqua therapy, and cervical epidural steroid injection - on 2/23/14 and 3/19/15. Work status is reported as remain off work. The treatment requested is for a left cervical epidural steroid injection.

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

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

**Left cervical epidural steroid injection:** Overturned

**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 Epidural steroid injections Page(s): 46-47.

**Decision rationale:** Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication that previous epidural injections was given on 2/23/2014 and 3/19/2015. A progress note on 5/8/2015 stated the previous epidural injections have provided the patient with > 50% relief for more than 7 weeks. As such, the currently requested repeat epidural steroid injection is medically necessary.