

<b>Case Number:</b>	CM15-0140902		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Arizona, California

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 51 year old female who sustained an industrial injury on 08/14/2013. There was no mechanism of injury documented. The injured worker was diagnosed with cervical discopathy with bilateral radiculopathy, cervical disc herniation, and bilateral mild shoulder impingement, bilateral upper extremity overuse tendinopathy, bilateral lateral epicondylitis and cubital tunnel syndrome. Treatment to date has included diagnostic testing with most recent cervical spine magnetic resonance imaging (MRI) in February 2015, cervical spine epidural steroid injection in December 2014 with greater than 80% overall improvement for approximately two months, physical therapy, acupuncture therapy, Toradol intramuscularly and medications. According to the primary treating physician's progress report on June 19, 2015, the injured worker continues to experience neck pain associated with numbness and tingling of the upper extremities over the radial side of the arms bilaterally. The injured worker rates her neck pain at 7 out of 10 on the pain scale. The injured worker also reports bilateral shoulder pain with pins and needle sensation and numbness rated at 8 out of 10. Examination of the cervical spine demonstrated midline tenderness, spasm and tightness with bilateral upper extremity pain radiating into the trapezius and suprascapular area. There was pain with left Spurling's maneuver. Mildly decreased sensation at C5-C6 to the left upper extremity with mild Tinel's at the left medial epicondyle was noted. The bilateral elbows documented positive Tinel's in the antecubital, radial and ulnar nerve. Current medications are listed as Oxycodone, Tramadol ER, Ibuprofen and Prilosec. The injured worker is on temporary total disability (TTD). Treatment

plan consists of conservative measures and the current request for pain management consultation and cervical spine epidural steroid injections.

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

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

#### **Pain management consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the 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 electrodiagnostic 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had undergone prior ESI that lasted 2 months. Currently there is return of high level of pain with radicular findings and MRI had shown nerve root involvement at C6-C7. The request for an ESI is reasonable, appropriate and necessary since the claimant does not respond sufficiently to myofascial release and pain medications. Therefore, the request for a pin specialist to perform the procedure is necessary.

#### **Epidural steroidal injections: Overturned**

**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 injections Page(s): 47.

**Decision rationale:** According to the guidelines, the 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 electrodiagnostic 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had undergone prior ESI that lasted 2 months. Currently there is return of high level of pain with radicular findings and MRI had shown nerve root involvement at C6-C7. The request for an ESI is reasonable, appropriate and necessary since the claimant does not respond sufficiently to myofascial release and pain medications.