

<b>Case Number:</b>	CM15-0142357		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 32 year old female, who sustained an industrial injury on 8-12-14. The injured worker has complaints of cervical pain. The right paracervical and trapezius has tenderness and spasms. The diagnoses have included cervical strain and cervical radiculopathy. Treatment to date has included cervical magnetic resonance imaging (MRI) was normal; physical therapy; gabapentin for neuropathic pain; home exercise program; moist heat and stretches and injections. The request was for cervical epidural injection under fluoroscopic guidance, Level C7-T1 (thoracic); anesthesia (for epidural injection) and X-rays for epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection under fluoroscopic guidance, Level C7-T1 (thoracic):**

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:** The patient presents with pain in neck, worse on right side, which radiates down to right shoulder, down arm rated 8/10. The request is for Cervical Epidural Injection under fluoroscopic guidance, level C7-T1 (Thoracic). The request for authorization is not provided. MRI of the cervical spine, date unspecified, was normal. Physical examination of the cervical spine reveals right paracervical and trapezius tenderness and spasms at C6-C7, reduced range of motion. Spurling Maneuver is positive on the right. Sensory exam reveals sensation to pin is decreased right C6 and right C7, light touch decreased right upper extremity. She has had recurrence of her right cervical radicular pain which is starting to interfere with her ability to perform ADL's, sleep, and work as a flight attendant. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. Patient's medications include Gralise and Ibuprofen. Per progress report dated 06/15/15, the patient is on full duty. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 07/29/15, treater's reason for the request is "in the past she has received greater than 70-80% of pain relief, lasting greater than 6 months." MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Physical examination of the cervical spine reveals right paracervical and trapezius tenderness and spasms at C6-C7, reduced range of motion. Spurling Maneuver is positive on the right. Sensory exam reveals sensation to pin is decreased right C6 and right C7, light touch decreased right upper extremity. Per progress report dated 04/27/15, treater notes, "had C-MRI that was normal," actual study was not provided for review. In this case, radiculopathy is documented with dermatomal distribution of pain along with physical examination findings; however, a clear diagnosis to corroborate radiculopathy is not apparent based on MRI findings. Nevertheless, given the patient's prior Cervical Epidural Injection with 70-80% pain relief lasting more than 6 months, the request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.

**Anesthesia (for epidural injection):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Epidural steroid injections.

**Decision rationale:** The patient presents with pain in neck, worse on right side, which radiates down to right shoulder, down arm rated 8/10. The request is for Anesthesia (for epidural injection). The request for authorization is not provided. MRI of the cervical spine, date unspecified, was normal. Physical examination of the cervical spine reveals right paracervical

and trapezius tenderness and spasms at C6-C7, reduced range of motion. Spurling Maneuver is positive on the right. Sensory exam reveals sensation to pin is decreased right C6 and right C7, light touch decreased right upper extremity. She has had recurrence of her right cervical radicular pain which is starting to interfere with her ability to perform ADL's, sleep, and work as a flight attendant. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. Patient's medications include Gralise and Ibuprofen. Per progress report dated 06/15/15, the patient is on full duty. ODG-TWC Guidelines, Pain (Chronic) Chapter, under Epidural steroid injections (ESIs) Section states, "As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided." Per progress report dated 07/29/15, treater's reason for the request is "in the past she has received greater than 70- 80% of pain relief, lasting greater than 6 months." MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Physical examination of the cervical spine reveals right paracervical and trapezius tenderness and spasms at C6-C7, reduced range of motion. Spurling Maneuver is positive on the right. Sensory exam reveals sensation to pin is decreased right C6 and right C7, light touch decreased right upper extremity. Per progress report dated 04/27/15, treater notes, "had C-MRI that was normal," actual study was not provided for review. In this case, ODG guidelines recommend the use of Anesthesia for epidural injection. Therefore, the request is medically necessary.

**X-ray (for epidural injection):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Epidural steroid injection (ESI) Section.

**Decision rationale:** The patient presents with pain in neck, worse on right side, which radiates down to right shoulder, down arm rated 8/10. The request is for X-Ray (for epidural injection). The request for authorization is not provided. MRI of the cervical spine, date unspecified, was normal. Physical examination of the cervical spine reveals right paracervical and trapezius tenderness and spasms at C6-C7, reduced range of motion. Spurling Maneuver is positive on the right. Sensory exam reveals sensation to pin is decreased right C6 and right C7, light touch decreased right upper extremity. She has had recurrence of her right cervical radicular pain which is starting to interfere with her ability to perform ADL's, sleep, and work as a flight attendant. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. Patient's medications include Gralise and Ibuprofen. Per progress report dated 06/15/15, the patient is on full duty. ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Epidural steroid injection (ESI) Section states, "These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. (3) Injections should be performed using fluoroscopy (live x-ray) for guidance." Per progress

report dated 07/29/15, treater's reason for the request is "in the past she has received greater than 70-80% of pain relief, lasting greater than 6 months." MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Physical examination of the cervical spine reveals right paracervical and trapezius tenderness and spasms at C6-C7, reduced range of motion. Spurling Maneuver is positive on the right. Sensory exam reveals sensation to pin is decreased right C6 and right C7, light touch decreased right upper extremity. Per progress report dated 04/27/15, treater notes, "had C-MRI that was normal," actual study was not provided for review. In this case, the use of X-ray for epidural injection is recommended by ODG guidelines. Therefore, the request is medically necessary.