

<b>Case Number:</b>	CM15-0142520		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	12/22/2012
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/10/2015
<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: Preventive Medicine, Occupational Medicine

### 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 50 year old female who sustained an industrial injury on 12-22-12. She had complaints of neck low back and bilateral knee pain. Treatments include: medications and injections. Progress report dated 6-29-15 reports severe flare up of neck pain and headaches shooting down the mid back to the right upper extremity with tingling, numbness and paresthesia. She also complains of a flare up of her low back pain. The neck pain and headaches are rated 6-8 out of 10. The pain is worsened by prolonged sitting, going down stairs and lifting heavy objects. Break through pain is relieved by percocet. Diagnoses include: cervical disc protrusion with bulge at C5-6 and C6-7 with bilateral neuroforaminal stenosis, lumbar disc bulges, lumbar facet hypertrophy, left lumbar radiculitis and sciatica, right sided SI joint dysfunction, right sided carpal tunnel syndrome, right sided C5-6 dorsal rami involvement and chronic myofascial pain syndrome. Plan of care includes: request translaminar cervical epidural injection, continue methadone, percocet, flexeril, relafen, prilosec, neurontin, and colace, and continue range of motion stretching, strengthening and spine stabilization home exercises. Work status: temporary disability until epidural injection done and results are seen or 7-31-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. In this case there is a lack of documented radiculopathy on physical exam and there is no corroboration of the subjective complaint using imaging studies. The request for translaminar cervical epidural steroid injection is not medically necessary.