

<b>Case Number:</b>	CM15-0149287		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	12/23/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 was a 43 year old female, who sustained an industrial injury, December 23, 2014. The injured worker previously received the following treatments lumbar spine MRI that showed mild bilateral foraminal stenosis at L5-S1, 12 chiropractic sessions and cervical spine MRI. The injured worker was diagnosed with left C6 radiculopathy, Left C5-C6 dis herniation, left L5-S1 disc herniation and Left L5-S1 Radiculopathy, mild multilevel disc disease without canal stenosis or cord compression, uncovertebral joint arthrosis, left worse than the right at C5-C6 causing moderately severe left neural foraminal and left C6 radiculopathy. According to progress note of May 18, 2015, the injured worker's chief complaint was left neck pain radiating down to the left hand numbness. The injured worker also had back pain radiating down the posterolateral thigh and calf. The physical exam noted decreased sensation to light touch in the left L5-S1. The treatment plan included pain management evaluation for a cervical epidural steroid injection and a left C5-C6 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation for cervical epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section, Opioids Dosing Section Page(s): 78, 86.

**Decision rationale:** The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. In this case, the request for pain management is for cervical epidural steroid injections (ESI). As the request for ESI was not supported, there is no indication for a pain management referral. The request for pain management evaluation for cervical epidural steroid injection is not medically necessary.

**Left C5-6 interlaminar epidural steroid injection:** 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 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. Although physical exam by the requesting provider does document radiculopathy and the injured worker has had inadequate response to conservative treatment, cervical radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing. The criteria for the use of epidural steroid injections is therefore not met as outlined in the cited guidelines. The request for left C5-6 interlaminar epidural steroid injection is not medically necessary.