

<b>Case Number:</b>	CM15-0184543		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 39 year old female, who sustained an industrial injury on July 10, 2013, incurring upper, mid and lower back injuries. Cervical Magnetic Resonance Imaging revealed severe cervical stenosis. She was diagnosed with cervical spine radicular neuropathy, cervical facet syndrome, and thoracolumbar spinal disc disease and radiculopathy. Treatment included pain management, muscle relaxants, work modifications, physical therapy, chiropractic sessions and acupuncture with moderate relief, and traction, nerve blocks, exercise and transcutaneous electrical stimulation unit with no relief. Currently, the injured worker complained of constant bilateral neck pain, upper back, mid back and lower back and left lower extremity pain. She described her pain as burning, cutting, tingling and pressure like. She rated her pain 8 out of 10 and 9 out of 10 on a pain scale from 1 to 10, at its worse. Exercising, sitting, standing and walking aggravated her pain interfering with her activities of daily living. Magnetic Resonance Imaging of the cervical spine performed on December 30, 2014, revealed cervical canal stenosis with severe bilateral foraminal narrowing. The treatment plan that was requested for authorization on September 19, 2015, included bilateral cervical epidural steroid injection. On September 15, 2015, a request for a cervical epidural steroid injection was denied by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TESI C5-C6 bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Accordingly to the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." 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. According to the documents available for review, the IW does not have physical exam findings, and pain complaints that are corroborated by imaging studies and as required by the MTUS above. There is no evidence of a cervical MRI submitted with the documentation. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. According to the documents available for review, the IW does not have

physical exam findings, and pain complaints that are corroborated by imaging studies and as required by the MTUS above. There is no evidence of a cervical MRI submitted with the documentation. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.