

<b>Case Number:</b>	CM15-0187871		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/30/1997
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, District of Columbia, Maryland  
 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:

This is a 54 year old male with a date of injury on 12-20-1997. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy and lumbar radiculopathy. According to the history and physical report dated 8-20-2015, the injured worker complained of increasing neck pain. He reported that his neck pain was transmitted and referred down between the tips of the scapula with a burning hot sensation. He rated his pain 7 out of 10. He was noted to be obviously depressed. His Norco, Oxycontin, Ambien, Ativan and Flexeril had all been denied. The injured worker reported that an epidural steroid injection done in 2012 greatly helped him. Per the treating physician (7-21-2015), the injured worker was looking for work; he last worked 11-29-2014. The physical exam (8-20-2015) revealed, "His CNS function is fine." It was noted that his blood pressure was a little higher. Treatment has included translaminar epidural steroid injection at C7-T1 (2012) and medications. Current medications included (8-20-2015) Celebrex and Elavil. The request for authorization was dated 8-26-2015. The original Utilization Review (UR) (9-2-2015) denied a request for epidural steroid injection at C7-T1 with intravenous sedation and fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at C7-T1 with IV sedation fluoroscopy: 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:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. It was noted that the injured worker previously underwent ESI at C7-T1 1/17/12 which helped him greatly, however, no quantified measure of pain relief or duration of relief was documented. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. No MRI study was submitted for review. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criterion is not met, and the criteria for repeat injection are not met, the request is not medically necessary.