

<b>Case Number:</b>	CM15-0190094		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 56 year old female, who sustained an industrial injury on 8-24-09. The injured worker is diagnosed with cervical degenerative disc disease, right upper extremity radicular pain, thoracic outlet syndrome and upper thoracic pain. Notes dated 5-8-15 and 6-5-15 reveals the injured worker presented with complaints of cervical spine pain rated at 5 out of 10. A physical examination dated 5-14-15 revealed significant tenderness of the lower cervical paraspinal muscles, upper trapezius, rhomboid and levator scapulae muscles. There is decreased tenderness in the mid to upper thoracic regions and less or absent numbness or tingling radicular. Treatment to date has included medications, aqua therapy and TENS unit. A right C7-T1 interlaminar epidural steroid injection was beneficial, but she continued to experience muscle spasms in her neck and a thoracic epidural steroid injection provided 90% reduction in radicular symptoms, per note dated 5-14-15. Diagnostic studies include cervical spine MRI (2011), urine drug screen and upper extremity electrodiagnostic studies. A request for authorization dated 8-27-15 for cervical spine MRI and cervical and thoracic epidural steroid injection is denied, per Utilization Review letter dated 8-27-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met and include: the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Additionally, the injured worker had a previous cervical spine MRI in 2011 and there have been no significant interval changes to warrant a repeat MRI. The request for MRI cervical spine is not medically necessary.

**Epidural Steroid Injection, cervical and thoracic:** 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:** 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 subjective complaint of radiculopathy, but this is not corroborated by physical examination and imaging studies. Additionally, the injured worker had previous ESI without significant benefit as she continued to have severe pain in her neck. The request for Epidural Steroid Injection, cervical and thoracic is not medically necessary.