

<b>Case Number:</b>	CM15-0196721		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/04/2000
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

The injured worker is a 54 year old male, who sustained an industrial injury on August 4, 2000. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical sprain and strain, cervical disc herniation, lumbar sprain and strain, lumbar paraspinal muscle spasms-disc herniation, lumbar radiculitis-radiculopathy of lower extremities, sacroiliitis of the left sacroiliac joint and chronic pain. Treatment to date has included medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit. He reported 10% improvement from TENS unit. On August 12, 2015, the injured worker complained of severe neck pain as well as frequent headaches with blurry vision. He had limited range of motion associated with severe muscle spasms as well as aggravated tingling and numbness in the arms. There was tingling and numbness in the cervical region as well as weakness to the bilateral arms that was noted to progress with carrying objects, writing and-or grasping. The treatment plan included cervical epidural steroid injection at C7-T1 under fluoroscopy guidance, cervical hardware injection, MRI of cervical spine, implantation of percutaneous neurostimulator times four therapeutic treatments and medications. On September 23, 2015, utilization review denied a request for C7-T1 epidural steroid injection under fluoroscopy guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 epidural steroid injection under fluoroscopy guidance:** Upheld

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

**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 a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per the medical records submitted for review, tingling and numbness in the cervical region as well as weakness to the bilateral arms was progressing while carrying objects, writing, and grasping. On exam there was limited range of motion of the cervical spine as well as weakness in bilateral upper extremities. Sensory exam and reflexes were not documented. Imaging study was not available 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 criteria is not met, the request is not medically necessary.