

<b>Case Number:</b>	CM15-0197178		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 52 year old female, who sustained an industrial injury on 6-20-12. Medical records indicate that the injured worker is undergoing treatment for cervical radiculitis cervical degenerative disc disease and cervicgia. The injured workers current work status was not identified. On (9-14-15) the injured worker complained of constant lower cervical neck pain which radiated to the left superior trapezius and left upper extremity to the fingers. Examination of the cervical spine revealed a decreased and painful range of motion. Sensory examination was intact and symmetric. Upper neuron signs were negative. Documented treatment and evaluation to date has included medications and an MRI of the cervical spine. The MRI of the cervical spine (8-4-15) revealed cervical six-cervical seven paracentral disc protrusion producing mild central canal narrowing and moderate let neural foraminal narrowing. A current medication list was not provided in the medical records. The injured worker was noted to have had previous temporary pain relief with the use of Naproxen. There was lack documentation of prior transforaminal epidural steroid injections. The request for authorization dated 9-14-15 was for left cervical six- cervical seven transforaminal epidural steroid injections. The Utilization Review documentation dated 9-24-15 non-certified the request for the left cervical six-cervical seven transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Left C6-7 transforaminal epidural steroid injections: 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. MRI of the cervical spine dated 8/4/15 revealed at C6- C7, a left paracentral disc protrusion producing mild central canal narrowing and moderate left neural foraminal narrowing. Physical exam revealed 5/5 strength proximally and distally. Sensory exam was intact and symmetric. The muscle stretch reflexes were 2+ in the biceps, triceps, and brachioradialis bilaterally. 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.