

<b>Case Number:</b>	CM15-0201244		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained an industrial injury on 11-14-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical spine sprain-strain with multilevel disc bulge, right hand sprain-strain, and mild bilateral carpal tunnel syndrome. Treatment and diagnostics to date has included left hand x-ray, right wrist MRI, physical therapy (to right hand), and medications. Recent medications have included Ibuprofen, Flexeril, Lidocaine patches, compound creams, and Norco. Other medication list include lorazepam, Naproxen, Temazepam, Ativan, Ambien and Effexor. Subjective data (08-07-2015 and 09-15-2015), included cervical spine pain rated 6-7 out of 10. Objective findings (09-15-2015) included positive cervical compression and Spurling's tests. The request for authorization dated 09-18-2015 requested cervical epidural steroid injection. The Utilization Review with a decision date of 09-25-2015 non-certified the request for cervical epidural steroid injection. The patient has had MRI of the cervical spine on 7/8/14 that revealed disc protrusions, foraminal and central canal narrowing, and EMG of the upper extremity on 9/6/14 that revealed bilateral CTS. Per the previous peer review note the patient had received bilateral C4-6 cervical ESI on 4/30/15 with 50% pain relief for 6 weeks. Per the previous peer review note the patient was recently certified for cervical ESI on 8/14/15. The patient has had history of anxiety and depression. Per the note dated 10/28/15, the patient had complaints of pain in neck at 7/10 with radiation to the shoulders. The patient had received cervical ESI in July 2015 and it helped briefly. The patient had used a TENS unit for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** 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:** Request: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. 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." Per the cited guideline criteria for ESI are "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)." The patient had EMG of the upper extremity on 9/6/14 that revealed bilateral CTS. Evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The patient had received cervical ESI in July 2015 and it helped briefly. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief that lasted for six to eight weeks after the recent previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the medical necessity of request for cervical epidural steroid injection is not medically necessary for this patient.