

<b>Case Number:</b>	CM15-0205181		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### **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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### **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, with a reported date of injury of 05-10-2012. The diagnoses include cervical radiculitis secondary to central stenosis with underlying multilevel degenerative disc disease and spondylosis from C4-5, C6-7, C7 -T1, and T1-T2, left ulnar neuropathy at the elbow, left carpal tunnel syndrome, and bilateral wrist pain with TFCC (triangular fibrocartilage complex) tear, status post left wrist surgery. The progress report dated 09-18-2015 indicates that the injured worker stated that she had been experiencing increased burning and shooting pain in the neck, extending down both arms, left greater than right. She described burning pain in the area of the right arm as well as the left arm. It was noted that the injured worker also had constant numbness of her right thumb and index finger along with increased numbness and tingling of the left thumb, ring finger, and little finger. The injured worker stated that her pain had greatly subsided after a cervical epidural steroid injection done three months prior. The objective findings include limited cervical active range of motion to forward flexion 25% normal, extension 50% normal, bilateral rotation 50% normal (rotation to the right 50% normal and to the left was 75% normal on 08-14-2015), and bilateral lateral bending 25% normal; tenderness over the bilateral cervical paraspinal muscles, upper trapezius, supraclavicular fossa, rhomboids, and pectoralis musculature; negative bilateral Spurling's maneuver; tenderness over the left ulnar groove and volar wrist; decreased light touch of the right fingers 1 and 2 and left ulnar arm and left fingers 1 and 3 through 5; and normal strength in the bilateral upper extremities. The injured worker's pain rating was not indicated. The injured worker's status was noted as total temporary disability

from 09-18 -2015 through 10 -23-2015. The diagnostic studies to date have included an MRI of the cervical spine on 04-01-2015 which showed degenerative disc and bony changes with disc protrusions, severe right and mild left neural foraminal narrowing at C2-3, severe right neural foraminal narrowing at C3-4, severe bilateral neural foramen narrowing with almost complete effacement of the cerebrospinal fluid space surround the cord at C4-5, partial disc space at C5 -6, mild canal with mild moderate right and severe left neural foraminal narrowing at C6-7, mild canal with severe neural foramen narrowing at C7 -T1, and moderate right and probably severe left neural foramen narrowing at T1-2; electrodiagnostic studies on 03-21 - 2014; and an MRI of the right upper extremity joint on 03-10-2014 which showed central perforation of the triangular fibrocartilage and mild degenerative changes of the triscaphe joint. Treatments and evaluation to date have included Ibuprofen, Robaxin, Gabapentin (discontinued), physiotherapy, and a home exercise program. The treating physician requested bilateral C7-T1 translaminar epidural steroid injection to decrease radicular symptoms in the upper extremities. On 09-25-2015, Utilization Review (UR) non-certified the request for bilateral C7-T1 translaminar epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral C7-T1 translaminar epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Epidural Steroid Injection (ESI).

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

**Decision rationale:** The patient presents with increased burning and shooting pain in the neck extending down both arms. The current request is for Bilateral C7-T1 Translaminar Epidural Steroid Injection. The treating physician's report dated 09/18/2015 (12A) states, "She states that her pain did greatly subside after cervical epidural steroid injection done 3 months ago." The 07/17/2015 (12B) notes, "The patient states that overall constant tight ache in the left neck and posterior shoulder region has decreased in severity, status post left cervical epidural steroid injection done 2 month ago, yet she still has burning pain in the left medial elbow extending down the forearm to digits 3, 4, and 5. She states that the constant numbness of the left ulnar arm to digits 2 through 4 has slightly decreased in severity." The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The MRI of the cervical spine dated 04/01/2015 showed: 1. C6-7, mild canal with moderate right and severe left neural foramen narrowing; 2. C7-T1, mild canal with severe neural foramen narrowing; 3. T1-2 is partially seen with at least moderate right and

probably severe left neural foramen narrowing. While the physician notes that the patient's pain "greatly subsided" after her last ESI, it did not provide at least 50% documented pain relief for up to 6-8 weeks. In this case, the patient does not meet the required criteria for a repeat block based on the MTUS guidelines. The current request is not medically necessary.