

<b>Case Number:</b>	CM15-0209753		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This 50 year old female sustained an industrial injury on 9-24-14. Previous treatment included physical therapy, epidural steroid injection and medications. Documentation indicated that the injured worker was receiving treatment for chronic cervical spine pain with cervical disc protrusions and cysts, right lateral epicondylitis and bilateral carpal tunnel syndrome. MRI of the cervical spine without contrast Qty: 1.00. In a PR-2 dated 9-15-15, the injured worker complained of persistent sharp pain and numbness to the right hand with radiation up into the right elbow rated 8 out of 10 on the visual analog scale. The physician also noted that "cervical pain comes and goes". Cervical spine pain was not quantified. Physical exam was remarkable for tenderness to palpation to the wrist with positive Tinel's and Phalen's tests. The cervical spine was not mentioned in objective findings. The physician noted that the injured worker had completed cervical epidural steroid injection #1 for diagnostic staging. Documentation indicated that the injured worker was receiving treatment for did not disclose a response to the first cervical epidural steroid injections. The injured worker was going to receive a second epidural steroid injection at a different level of the cervical spine to eliminate the pain generator. The treatment plan included cervical spine epidural steroid injection #2 and right carpal tunnel syndrome release. On 10-22-15, Utilization Review non-certified a request for cervical epidural 2nd and 3rd injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural 2nd and 3rd injection:** 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:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker underwent a previous ESI with only 20% benefit for an undisclosed period of time. Additionally, radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing. The request for cervical epidural 2nd and 3rd injection is determined to not be medically necessary.