

<b>Case Number:</b>	CM15-0021929		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: North Carolina

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:

This is a 65 year old female with an industrial injury dated 01/05/2012 and 02/22/2012. On 12/17/2014 she presented for re-evaluation with complaints of increasing neck pain over the past few months. The neck pain radiated to the shoulders and she had limited range of motion. Prior treatments included cervical epidural steroid injection in October 2012 and June 2013, physical therapy, water therapy, psychiatrist visits and medications. On 11/14/2013 she underwent lumbar 4-5 laminectomy and fusion. NCS/EMG of the bilateral upper and lower extremities (04/11/2013) showed moderate bilateral carpal tunnel syndrome, mild bilateral compressive ulnar neuropathy, mild chronic right lumbar 2-3 radiculopathy and mild chronic bilateral sacral 1 radiculopathy. MRI of cervical spine dated 04/12/2013 showed mild to moderate multilevel disc disease at cervical 3-7 with loss of lordosis, impingement potential at cervical 6-7 due to mild-moderate bilateral foraminal narrowing due to disc-osteophyte of 3-3.5 mm and mild moderate left and mild right foraminal narrowing at cervical 5-6 and 4-5. MRI of the lumbar spine is also noted in the 12/17/2014 report. Diagnoses were musculoligamentous sprain/strain of the cervical spine with radicular component, musculoligamentous sprain/strain of the lumbar spine, and status post lumbar 4-5 posterior fusion and status post motor vehicle accident on 01/05/2012 and 02/22/2012. Authorization for cervical epidural steroid injection was requested on 09/26/2014. On 01/27/2015 the request for cervical 3-7 epidural steroid injection with sedation was non-certified by utilization review. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-7 CESI with Sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 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. 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. No more than two levels are indicated for injection at one time. The request exceeds this recommendation and therefore does not meet criteria. The request is not medically necessary.