

<b>Case Number:</b>	CM15-0025420		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 40 year old male, who sustained an industrial injury on September 3, 2013. The diagnoses have included thoracic region sprain/strain. Treatment to date has included physical therapy, medication, steroid injections and diagnostic studies. Currently, the injured worker complains of constant neck pain and he rated his pain a 1 on a 10 point scale. He reported occasional sharp, stabbing pain in the right trapezius and burning pain in the left upper extremity. On examination, he had decreased range of motion in the cervical spine with pain at the limits of his range and his cervical spine was non-tender to palpation. His thoracic spine had a decreased range of motion with pain at the limits of the range. On January 10, 2015 Utilization Review non-certified a request for injection foramen epidural c/t, noting that there is no documentation of at least 50% pain relief with associated reduction of medication after previous epidural injection, no documentation of radiculopathy, and the guidelines do not recommend more than 2 levels be injected.. The California Medical Treatment Utilization Schedule was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of injection foramen epidural c/t.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inj Foramen Epidural c/t (Epidural Steroid Injection T4-5, T6-7, T9-10): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** This 40 year old male has complained of neck and thoracic spine pain since date of injury 9/3/13. He has been treated with physical therapy, medications and epidural steroid injections. The current request is for epidural steroid injection T4-5, T6-7, T9-10. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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. The available medical records do not include documentation that meet criteria (1) above. Specifically, there is no documentation in the available medical records of radiculopathy on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On the basis of the above MTUS guidelines and available provider documentation, epidural steroid injection at T4-5, T6-7, T9-10 is not indicated as medically necessary.