

<b>Case Number:</b>	CM15-0211286		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/18/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old female, who sustained an industrial injury on June 18, 2015, incurring upper and lower back injuries. She was diagnosed with cervical disc disease, cervical radiculopathy, lumbar strain and lumbar radiculopathy. Treatment included physical therapy, chiropractic sessions, transcutaneous electrical stimulation unit, epidural steroid injection, pain medications, muscle relaxants, and activity restrictions. Currently, the injured worker complained of constant neck and back pain with limited range of motion with forward flexion and extension and tenderness over the spinal region. The treatment plan that was requested for authorization included purchase of transcutaneous electrical stimulation for the cervical and lumbar spine and a cervical epidural steroid injection. On September 28, 2015, a request for a purchase of a transcutaneous electrical stimulation unit was modified to one rental of a transcutaneous electrical stimulation unit for 30 days and a request for a cervical epidural steroid injection was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of transcutaneous electrical nerve stimulator unit for the cervical and lumbar spine:** 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): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in June 2015 when she was involved in a rear end motor vehicle collision. An MRI of the cervical spine in July 2015 included findings of C4/5 and C5/6 disc protrusions without significant cord impingement and with patent neural foramina. A cervical epidural steroid injection was done on 09/04/15. On 09/11/15, she had not improved significantly. She was having shooting pain with radiating symptoms into the upper and lower extremities that was slightly worse. There was cervical tenderness with trigger points and limited range of motion. There was positive Spurling's testing with decreased C5-6 sensation. Trigger point injections were performed. A repeat cervical epidural steroid injection was recommended. On 09/16/15, she was having neck, back, right wrist, and chest pain. There was limited range of motion of the back with suboccipital tenderness and cervical and lumbar paraspinal muscle tenderness. A cervical epidural steroid injection and purchase of a TENS unit were requested. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Purchasing a TENS unit without documented benefit during a home based trial is not medically necessary.

**Cervical epidural steroid injection at bilateral C4-C5 and C5-C6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Epidural steroid injections.

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

**Decision rationale:** The claimant sustained a work injury in June 2015 when she was involved in a rear end motor vehicle collision. An MRI of the cervical spine in July 2015 included findings of C4/5 and C5/6 disc protrusions without significant cord impingement and with patent neural foramina. A cervical epidural steroid injection was done on 09/04/15. On 09/11/15, she had not improved significantly. She was having shooting pain with radiating symptoms into the upper and lower extremities that was slightly worse. There was cervical tenderness with trigger points and limited range of motion. There was positive Spurling's testing with decreased C5-6 sensation. Trigger point injections were performed. A repeat cervical epidural steroid injection was recommended. On 09/16/15, she was having neck, back, right wrist, and chest pain. There was limited range of motion of the back with suboccipital tenderness and cervical and lumbar paraspinal muscle tenderness. A cervical epidural steroid injection and purchase of a TENS unit were requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper

extremity sensation with positive Spurling's testing. However, imaging does not show neural compromise. If being requested as a second diagnostic injection, a repeat block would not be recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. In this case, the claimant reports worsening symptoms after the first epidural steroid injection that was performed. There is no evidence of technical failure or suboptimal flow of the medications injected during the prior epidural steroid injection. Trigger point injections were performed and her response to these should be assessed before considering further interventional care. A second epidural steroid injection is not medically necessary.