

<b>Case Number:</b>	CM15-0215536		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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:

This is a 56 year old female who sustained an industrial injury on 10-1-2012. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent bilateral carpal tunnel syndrome status post bilateral carpal tunnel release 2013 and 2014, medial and lateral epicondylitis and bilateral radicular neuropathy; C4-C5 disc protrusion with almost complete effacement of the CSF space around the cord with mild stenosis contributing to C5 radicular pain; C5-C6 disc protrusion with mild stenosis; C6-C7 moderate to severe degenerative changes, diffuse disc protrusion at the CSF space surrounding the cord with effaced bilateral moderate stenosis and bilateral neuroforaminal stenosis contributing to bilateral C7 radicular pain; chronic left C5 and C6 radiculopathy with acute denervation based on electromyography (EMG) study and moderate reactive depression. According to the progress report dated 9-16-2015, the injured worker complained of neck and arm pain. She rated her pain 7 out of 10. She also complained of headaches and nausea. Per the progress report dated 9-29-2015, the injured worker reported that she was unable to hold her granddaughter due to weakness and pain in her arms as well as pain in her neck. Per the treating physician (9-29-2015), the injured worker was temporarily totally disabled. Objective findings (9-29-2015) revealed Spurling's maneuver elicited posterior neck pain and pain at the interscapular border. Treatment has included surgery and medications. Current medications (9-16-2015) included Cymbalta and Gabapentin. The request for authorization was dated 9-29-2015. The original Utilization Review (UR) (10-9-2015) denied a request for cervical epidural injection, translaminar C7-T1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical epidural injection translaminar C7-T1: Overturned**

**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 claimant sustained a work injury in October 2012. She underwent bilateral carpal tunnel release surgery in 2013 and 2014. She has findings of chronic radiculopathy with positive electrodiagnostic testing in July 2015. An MRI of the cervical spine in September 2015 included findings of multilevel mild to moderate bilateral foraminal narrowing. When seen in September 2015 she was having neck and bilateral arm pain. Pain was rated at 7/10. Medications included Cymbalta and gabapentin, which was causing side effects after the dose had been increased. Physical examination findings included decreased cervical spine range of motion. There was neck and inter-scapular pain with Spurling's testing. There was decreased bilateral triceps and right first dorsal interosseous strength. Imaging results were reviewed. Authorization was requested for a C7-T1 epidural injection. The procedure codes requested include two interlaminar levels and separate coding for fluoroscopic guidance and an epidurogram. Criteria for consideration of a cervical epidural steroid injection 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 and symptoms initially unresponsive to conservative treatment. In this case, the claimant has ongoing radicular pain with positive electrodiagnostic and recent MRI scan results that confirm a diagnosis of radiculopathy. There is decreased upper extremity strength. The request is for a bilateral translaminar (i.e. interlaminar) epidural steroid injection and the CPT code is listed twice. The coding includes both fluoroscopic guidance and an epidurogram, which is not appropriate. Both need to be corrected. However, the epidural steroid injection is medically necessary.