

<b>Case Number:</b>	CM15-0081755		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 59 year old male, who sustained an industrial injury on 6/25/12. He reported a back injury. The injured worker was diagnosed as having multilevel disc herniation of cervical spine with moderate to severe neural foraminal narrowing, facet arthropathy of cervical spine, severe facet arthropathy at L3-4, status post lumbar spine fusion at L4-5 and L5-S1 and lumbar radiculopathy. Treatment to date has included lumbar Rhizotomy, anterior/posterior fusion at L4-S1, median branch blocks, lumbar epidural steroidal injections, chiropractic treatments and oral medications including opioids. Currently, the injured worker complains of ongoing neck and back pain rated 8/10, which has increased since previous visit. He reports more tingling and burning in low back and left leg, more pain in neck and left side of low back into the sciatica and numbness radiating down his right upper extremity to 3rd, 4th and 5th digits; he also complains of intermittent sharp shooting pain in right Achilles tendon. Physical exam noted antalgic gait, tenderness to palpation over the cervical, thoracic and lumbar spine with spasms and diminished sensation over left C6, 7 and 8 dermatomes and left L3, 4, 5 and S1 dermatomes. The treatment plan included (MRI) magnetic resonance imaging of cervical spine, thoracic spine and lumbar spine and continuation of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar epidural steroid injection at C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back ChapterAMA Guides.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

**Decision rationale:** Interlamina epidural steroid injection at C6-7. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The patient had previous epidural steroid injection without documentation of at least 50% reduction in pain; therefore, the requested procedure is not medically necessary.