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| **Case Number:** | CM15-0083415 | | |
| **Date Assigned:** | 05/05/2015 | **Date of Injury:** | 01/11/2012 |
| **Decision Date:** | 06/15/2015 | **UR Denial Date:** | 03/25/2015 |
| **Priority:** | Standard | **Application Received:** | 04/30/2015 |

## 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: California
Certification(s)/Specialty: Internal Medicine

## 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 52-year-old female who sustained an industrial lifting injury on 01/11/2012. The injured worker was diagnosed with cervical sprain/strain, cervical radiculitis/ radiculopathy, lumbar sprain/strain, lumbar disc herniations and lumbar radiculitis/radiculopathy of the lower extremities. Treatment to date includes diagnostic testing, acupuncture therapy, chiropractic therapy, physical therapy, home exercise program, psychiatric evaluation and medications. According to the primary treating physician's progress report on February 5, 2015, the injured worker continues to experience progressive limited range of motion of the neck with muscle spasm, numbness, tingling and weakness in both upper extremities. The injured worker rates her pain level at 8/10 with flare-ups reaching 9/10. She also reports continued low back pain rated at 8/10 with flare-ups reaching 9/10 with spasm, numbness and tingling and weakness to the lower extremities. The physical examination demonstrated guarding and cervical paraspinal muscle spasm with deep palpation and decreased range of motion in all planes. The cervical spinous processes at the level of the left arm reproduce pain with radiation corresponding to C3-C7 dermatomes with deep palpation. Examination of the lumbar spine noted decreased range of motion, paraspinal muscle spasm and bilateral positive straight leg raise. The lumbar spinous process at L4, L5 and S1 reproduced radiating pain to the lower extremities. Gait was normal. Motor, sensory and reflexes were intact with

negative special testing. Current medications are listed as Tramadol and Prilosec. Treatment plan consists of a prescription for Gabapentin and the current request for bilateral L4-5 and L5- S1transforaminal epidural steroid injection (ESI) under fluoroscopy guidance and C7-T1 epidural steroid injection (ESI) with fluoroscopy guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient bilateral L4-5 and L5- S1 transforaminal ESI under fluoroscopy guidance with [redacted]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) indicates that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The pain management consultation report dated February 5, 2015 documented a request for bilateral transforaminal lumbar epidural steroid injection at level L4-5 and L5-S1 under fluoroscopy guidance. This recommendation is based on the MRI results, today's examination and the dermatomal distribution of radiculitis radiculopathy of the lower extremities correlating with MRI. The patient presents with moderate to severe lower back pain associated with severe muscle spasm and progressive limited range of motion to the lumbar spine. The patient further notes experiencing pain radiating to the both legs associated with tingling, numbness and weakness. The patient is also suffering from multiple lumbar disc herniations with signs and symptoms of radiculitis radiculopathy of the lower extremities which is progressive in nature, matching dermatomal distribution, and correlated with positive MRI results. Weakness along with tingling and numbness in both legs are progressive. Lumbar paraspinal muscle spasms have been noticed on deep palpation with severe guarding associated with reproduction of pain at level 8/10 during exam. Deep palpation over lumbar spinous processes at levels L4, L5, and S1 reproduce severe pain radiating to corresponding dermatomes in both legs. The patient reports having had physical therapy and acupuncture treatments with limited improvement. The patient states that more pain medication is required, due to the severity of pain. X-rays, MRI scan, physical therapy, chiropractic manipulation, acupuncture, home exercises, and medications have been prescribed. Examination of the lumbar spine was documented. There is severe guarding to deep palpation over the lumbar area associated with severe myofascial pain guarding and is reproduced on deep palpation. There is lumbar pain with tingling and numbness with progression of radiculopathy in L4, L5, and S1 dermatomes. Straight leg raising tests are severely positive in both the seated and supine positions. The patient ambulates with a mild limp. Heel and toe gait is performed with some difficulty. The patient is not able to squat fully due to muscle spasms. Magnetic resonance imaging MRI of the lumbar spine performed on August 16, 2013 demonstrated that at L3-4, a 6. 4 mm central disc protrusion which mildly impresses on the thecal sac. Bilateral facet arthrosis and mild

bilateral neural foraminal narrowing are noted. At L4-5, a 5. 2 mm circumferential disc bulge which mildly impresses on the thecal sac. Bilateral facet arthrosis and mild bilateral neural foraminal narrowing are noted. At L5-S1, 2. 8 mm right and 3. 5 mm left subarticular disc protrusions which is mild bilateral lateral recess stenosis and neural foraminal narrowing. Bilateral facet arthrosis is noted. Diagnoses were lumbar sprain strain, lumbar paraspinal muscle spasms, lumbar disc herniations, and lumbar radiculitis radiculopathy of the lower extremities. Radiculopathy was demonstrated on physical examination. MRI magnetic resonance imaging of the lumbar spine demonstrated abnormal findings. Radicular pain, physical examination findings, and MRI findings were documented in the 2/5/15 pain management consultation report, which supports the request for lumbar epidural steroid injections. Therefore, the request for bilateral transforaminal lumbar epidural steroid injection at level L4-5 and L5-S1 is medically necessary.

**C7-T1 cervical ESI with catheter to C3-7 under fluoroscopy guidance with [redacted]:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESI) are an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The pain management consultation February 5, 2015 documented a request for cervical epidural steroid injection at level C7-T1 with catheter to C3-C7 under fluoroscopy guidance. Physical examination demonstrated that the cervical compression test was negative. Cervical distraction test was negative. The Adson test was negative. No motor weakness was documented. No imaging study reports of the cervical spine were documented. No results of MRI of the cervical spine were documented. No electrodiagnostic test results were documented. MTUS criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore, MTUS guidelines do not support the request for cervical epidural steroid injection at level C7-T1 with catheter to C3-C7 under fluoroscopy guidance. Therefore, the request for C7-T1 epidural steroid injection is not medically necessary.