

<b>Case Number:</b>	CM14-0153845		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	10/18/2005
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58-year-old female who reported an injury on 10/18/2005. The mechanism of injury was not provided. The injured worker has diagnoses of cervicalgia and cervical radiculopathy. Past medical treatment included physical therapy, acupuncture, and epidural injections. Diagnostic testing included an MRI of the cervical spine on 01/31/2013, an electrodiagnostic testing done on 01/24/2011, and an x-ray of the cervical spine on 09/30/2008. The injured worker underwent epidural injection to level C5-6 on 06/04/2013 with lasting relief of 3 months with 80% relief, and a second epidural injection to C5-6 on 08/27/2013 with an effective pain relief of 60%. The injured worker complained that pain radiated down to the left arm rated an 8/10 on the pain scale on 08/27/2014. The injured worker described pain as dull, throbbing, numbness, and tingling, worse with working and better with sleeping. The physical examination revealed positive Spurling's test to the left side, normal range of motion, and tenderness noted in the cervical paraspinal muscles, left greater than right. The strength was decreased in the left upper extremity at C5 and C6 myotomes. The sensation was decreased in the left C4-5 and C5-6 distribution. There was no atrophy noted in the thenar and hypothenar eminence. The injured worker was able to do rapid alternating movements. Medications were not provided. The treatment plan is for repeat cervical epidural steroid injection at C5-6. The rationale for the request was not submitted. The Request for Authorization form was submitted on 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Repeat Cervical Epidural Steroid Injection at C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

**Decision rationale:** The request for Repeat Cervical Epidural Steroid Injection at C5-6 is not medically necessary. The injured worker complained that pain radiated down to the left arm rated an 8/10 on the pain scale on 08/27/2014. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is a lack of documentation indicating the injured worker has significant findings indicative of neurologic deficit upon physical examination. There is a lack of documentation indicating the injured worker has significant weakness, decreased sensation, decreased reflexes, and a positive straight leg raise. Additionally, there is no evidence of pathology at the requested level per the provided MRI. The request of the 3rd ESI at C5-6 level exceeds the recommendations. Therefore, the request for L5-S1 lumbar epidural steroid injection is not medically necessary.