

<b>Case Number:</b>	CM14-0211316		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Physical Medicine & Rehabn, 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 patient with a date of injury of April 4, 2012. A utilization review determination dated November 21, 2014 recommends noncertification for a 2nd bilateral cervical epidural steroid injection. Noncertification was recommended due to lack of documentation regarding the length of pain relief and medication reduction as a result of a previous epidural injection. A progress report dated November 7, 2014 identifies subjective complaints indicating that the patient underwent bilateral C4-C5 epidural steroid injection on October 20, 2014. She also underwent a "bilateral L4-5 and L5-S1" on October 20, 2014. The patient states 40% improvement, able to put on her pants without assistance but still (illegible) to sit down, no longer leaning to the side-still have spasms and cramping on right foot and leg. Physical examination findings reveal tenderness to palpation in the trapezius. Diagnoses include right carpal tunnel release, bilateral upper extremity spondylosis, shoulder impingement, and the remainder is illegible. The treatment plan recommends considering repeat "bilateral C4-C5 ESI and bilateral L4-5, L5-S1 injection." A report dated November 4, 2014 identifies subjective complaints indicating that the patient had 60% improvement with bilateral C4-C5 epidural steroid injection on September 22, 2014. She has more mobility of the neck. She also underwent bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections on October 20, 2014 with 60% improvement in pain. Physical examination findings revealed tenderness to palpation over the cervical spine with decreased flexion/extension. Sensory examination reveals decreased sensation bilaterally at C5 and C6 dermatomes with decreased strength in the C5 and C6 distribution. Diagnoses include cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, and lumbar facet

syndrome. The treatment plan states that the patient had 60% improvement of her pain and reports being able to walk without an antalgic gait. She does report that she is now able to decrease intake of medication due to her right hand or wrist symptomatology. The note goes on to indicate that she has failed conservative treatment in regards to the cervical spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Second Bilateral C4-C5 transfacet epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy and no documentation of pain relief with associated reduction in medication use for 6 to 8 weeks. In the absence of such documentation, the currently requested repeat cervical epidural steroid injection is not medically necessary.