

<b>Case Number:</b>	CM15-0015942		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/22/2005
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Texas, Florida  
 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 55 year old female, who sustained an industrial injury on July 22, 2005. The diagnoses have included headaches, cervical disc disease, cervical radiculopathy, bilateral carpal tunnel syndrome, left sacroiliac joint arthropathy, lumbar sprain/strain, status post ankle surgery x2, complex regional pain syndrome, anxiety, and depression. Treatment to date has included a Transfacet epidural injection on September 10, 2014, home exercise program, and medications. Currently, the injured worker complains of cervical spine, lumbar spine, and left ankle pain. The Primary Treating Physician's report dated October 31, 2014, noted the injured worker's pain increased since the previous visit. Physical examination was noted to show moderate tenderness to palpation and spasms over the cervical paraspinal muscles extending into the bilateral trapezius muscles, left greater than right, with facet tenderness to palpation over the C4 through C7 levels. The injured worker was noted to have decreased sensation in the C6-C7 dermatomes bilaterally. The injured worker was noted to have received 50% improvement for about 8 to 12 weeks, less radicular symptoms, less numbness and tingling, slowly returning to baseline level. The medications listed are Ambien, Fioricet, Imitrex, Lorazepam and Neurontin. On January 2, 2015, Utilization Review non-certified a 2nd left C5-C6 and C6-C7 Transfacet Epidural Injection, noting the injured worker had the necessary 50% improvement. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of 2nd left C5-C6 and C6-C7 Transfacet Epidural Injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **2nd left C5-C6 and C6-C7 Transfacet Epidural Injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Pain Chapter Neck and Upper Back Epidural Injections

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injection can be utilized for the treatment of cervical radiculopathy that did not respond to conservative treatments with medications and PT. The guidelines recommend that epidural injections can be repeated if there is documentation of significant sustained pain relief, decrease in medication utilization and functional restoration following the previous epidural steroid injection. The records indicate that the patient reported significant pain relief for more than 3 months with functional restoration. There are subjective, objective and radiological findings consistent with cervical radiculopathy. The criteria for second left C5-C6, C6-7 transfacet epidural steroid injection was met.