

<b>Case Number:</b>	CM15-0113722		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 49 year old female who reported an industrial injury on 10/15/2013. Her diagnoses, and/or impressions, are noted to include: cervical nucleus herniated pulpus with moderate right cervical neural foraminal narrowing; cervical radiculopathy; and right shoulder pain. No current electrodiagnostic or imaging studies are noted. Her treatments have included diagnostic studies; epidural steroid injections; medication management with toxicology screenings; physical therapy, ineffective; acupuncture therapy, ineffective and exacerbated her pain; "ILESI" to the cervical spine on 11/18/2014 - with a 100% improvement x 3 days; and rest from work. The orthopedic progress notes of 4/15/2015 reported a follow-up visit with complaints of unchanged severe right upper extremity pain with difficulty gripping and prolonged writing; neck pain which increased her headaches; pain that was becoming unbearable and caused difficulty sleeping; and requested medication refills. Objective findings were noted to include a tearful injured worker due to a high amount of neck and arm pain; moderate-severe cervical and lumbar tenderness, with spasms and decreased range-of-motion, a minimally positive straight leg raise, bilaterally; and that the physician review of her medical panel from the previous visit. Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, decreased strength and sensation and positive Spurling test. The medication list includes Tramadol, Gabapentin and Naproxen. The physician's requests for treatments were noted to include repeat trans-laminar cervical epidural steroid injections. Patient had received cervical ESI on 11/18/14 with 100% pain reduction for 3 days. Patient has received an unspecified number of PT and acupuncture visits for this injury. The patient has had EMG

stud on 4/24/14 that revealed cervical radiculopathy and mild CTS. The patient has had MRI of the cervical spine on that revealed foraminal narrowing, facet hypertrophy and degenerative changes. Patient sustained the injury due to cumulative trauma.

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

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

#### **Translaminar Epidural Steroid Injection, Cervical, C5-C6, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (acute & chronic) - Epidural Steroid Injections.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI 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 offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program". Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient has received a course of physical therapy in June 2014 for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received cervical ESI on 11/18/14 with 100% pain reduction for 3 days. Per the cited guidelines, "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". There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Translaminar Epidural Steroid Injection, Cervical, C5-C6, Qty 1 is not medically necessary or fully established for this patient.