

<b>Case Number:</b>	CM15-0126070		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Arizona, 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 52 year-old female who sustained an industrial injury on 02/21/14. She reported neck and low back pain after repetitive work activities. Diagnostic testing and treatments to date have included MRI of the cervical/lumbar spine, laboratory evaluation, EMG/NCS, shoulder injection, physical therapy which was not beneficial, and pain medication management. In a progress note dated 6/03/15, the injured worker complains of right knee pain rated as an 8 on a 10 point pain scale, wrist/hand pain rated as a 7/10 with weakness, numbness, and tingling, low back pain rated as a 9/10 with pain in her legs and cramping in the feet, neck pain rated as a 9/10, and right shoulder pain rated as a 9/10. Right shoulder injection had provided no relief. Physical examination is remarkable for cervical spine tenderness with spasms; Hoffman's test is positive left greater than right at C5. Right shoulder is tender with weakness; Neer's and Hawkin's impingement tests are positive. Bilateral hands/wrists had positive Phalen's and Durkens medium compression test bilaterally. Current diagnoses include cervical spine disc protrusion with annular tear, lumbar spine disc protrusion L5-S1 with bilateral facet arthropathy, right shoulder impingement syndrome, and bilateral upper extremity radiculopathy. Requested treatment includes cervical epidural injections at C4-C5 level. The injured worker is under temporary total disability. Date of Utilization Review: 06/17/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical epidural injection at C4-C5 level: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 8) 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. In this case, the claimant had a prior EMG/NCV that showed median nerve neuropathy and a prior MRI showing disc protrusion of C4-C5 with annular tear. There was also a Hoffman signs and shoulder weakness indicated spinal cord involvement. The claimant had failed conservative measures and the request for cervical ESI is appropriate and medically necessary.