

<b>Case Number:</b>	CM15-0126852		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/22/2015
<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 59 year old female, who sustained an industrial injury on April 20, 2010. She reported injuries to her back, wrist, orbital bone and left ankle. Treatment to date has included medications and lumbar spine orthotic. Currently, the injured worker complains of neck and low back pain. She reports an increase in her symptoms and uses a back brace for support. She reports that she is not able to walk with a walker following her ankle surgery and uses a wheelchair. She reports that her low back pain radiates into her right lower extremity and she rates her low back pain a 5 on a 10-point scale. She has associated numbness and aching pain in the right foot and pinching in her left foot. Her low back pain is aggravated with prolonged sitting, standing and walking. She reports that extending her back will increase her pain along with twisting her body. She reports a mild aching pain in her neck with radiation of pain into the right shoulder. She rates her neck pain a 1 on a 10-point scale. On physical examination, the injured worker exhibits tenderness to palpation over the midline and paraspinals of the lumbar spine and has spasms. Her cervical and lumbar spine range of motion is limited in all planes and worse with extension. The sensation of her bilateral upper extremities is intact and she has diminished sensation of the left L4 dermatome. The diagnoses associated with the request include multilevel herniated nucleus pulposus of the cervical spine with moderate to severe stenosis, cervical radiculopathy, cervical myelopathy, herniated nucleus pulposus of the lumbar spine with stenosis, and lumbar radiculopathy. The treatment plan includes continued use of Norco, Flexeril and Voltaren gel and epidural steroid injection of the cervical and lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical Interlaminar ESIs at C5-6, C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, Chronic Pain Treatment Guidelines ESI 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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, although there is herniation of the cervical spine, the exam does not indicate radicular findings. In addition, invasive procedures are not recommended by the ACOEM guidelines due to their short-term benefit. The request for the cervical ESI is not medically necessary.

### **Lumbar TFESI at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESI 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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 does have radicular findings at L4 but it is not mentioned at L5-S1. In addition, invasive procedures are not recommended by the ACOEM guidelines due to their short-term benefit. The request for the L5-S1 ESI is not medically necessary.