

<b>Case Number:</b>	CM15-0174689		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 year 56 old female, who sustained an industrial injury on 09-26-2011. She has reported subsequent neck, left upper extremity, low back and left lower extremity pain and was diagnosed with left leg radiculopathy with weakness, left cervical radiculopathy with weakness, C4-C5 and C5-C6 disc degeneration and stenosis with segmental kyphosis, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases, left long trigger finger, and right long finger extensor tendon subluxation. MRI of the cervical spine dated 02-04-2014 showed cervical kyphosis, moderate disc height loss at C4-C5 and C5-C6 and moderately severe left foraminal stenosis at C5-C6 as well as C4-C5. Electrodiagnostic testing performed on 03-25-2015 was noted to show bilateral mild carpal tunnel syndrome with normal nerve conduction velocities of the ulnar nerve across the left elbow and normal electromyography testing. Treatment to date has included oral pain medication, 8 physical therapy visits, and sacroiliac joint block on the left. A 04-17-2015 indicates that the injured worker reported a 50% reduction in pain in the left buttocks and leg pain and increase in ability to perform activities of daily living and sitting for longer periods of time following left sacroiliac injection. In a progress note dated 07-22-2015 the injured worker reported a decrease in pain and increase in range of motion following the 8 sessions of physical therapy. The injured worker reported neck pain radiating to the left upper extremity that was 4 out of 10 with medication and 8 out of 10 without medication as well as low back pain radiating to the back of the left leg that was 4 out of 10 with medication and 8 out of 10 without medication. Objective examination findings showed tenderness or spasms of the cervical paravertebral muscles, bilateral trapezius muscles and interscapular space,

decreased sensation in the left C5-C8 dermatome distributions and decreased motor strength on the right and left with shoulder abduction (4 out of 5), wrist extension (4 out of 5 on the right, 3 out of 5 on the left) and finger abduction (3-4 out of 5). The physician noted that due to continued reports of neck and left upper extremity radicular pain that failed to improve with oral medications and physical therapy, a cervical epidural injection at C5-C6 was being recommended to improve pain and avoid surgical intervention. A request for authorization of cervical epidural injection at C5-C6 was submitted. The original utilization review (08-17-2015) denied the request for cervical epidural steroid injection at C5-C6.

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

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

#### **Cervical epidural steroid injection C5-6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter, Cervical & Thoracic Spine Disorders, and Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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) No more than 2 ESI injections. In this case, there is some evidence of radiculopathy on physical examination but this diagnosis is not confirmed by imaging studies or nerve conduction study. There was a recent approval for a cervical MRI but results were not made available for this review. The request for cervical epidural steroid injection C5-6 is determined to not be medically necessary.