

<b>Case Number:</b>	CM15-0175458		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/07/2015
<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 39 year old female, who sustained an industrial injury on 8-15-12. The injured worker has complaints of cervical spine, thoracic spine, lumbar spine, right shoulder and left wrist pain. The documentation on 8-5-15 noted that the injured worker complained of constant moderate achy, throbbing neck pain that radiates into bilateral upper extremities with numbness; moderate throbbing upper and mid back pain with muscle spasm; activity-dependent moderate achy, throbbing low back pain radiates into bilateral lower extremities; constant moderate dull, achy, sharp right shoulder pain and weakness and intermittent moderate achy, stabbing left wrist pain with numbness left fingers and hands. The injured worker suffers from depression, anxiety, irritability, lack of energy, lack of motivation, insomnia and frequent crying. Cervical spine examination revealed range of motion is decreased and painful and there is tenderness to palpation of the cervical paravertebral muscles and muscle spasm of the cervical paravertebral muscles. Shoulder depression is positive. Thoracic spine examination revealed range of motion is decreased and painful and there is tenderness to palpation of the thoracic paravertebral muscles and muscle spasm of the thoracic paravertebral muscles. Kemp's is positive. Lumbar spine examination revealed slow and guarded gait and favoring left lower extremity. Flexion is 30 degrees out of 60; extension is 15 degrees out of 25; left lateral bending is 10 degrees out of 25 and right lateral bending is 20 degrees out of 25. Kemp's is positive and straight leg raise is positive bilaterally. Right shoulder examination revealed range of motion are decreased and painful and there is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder and left wrist examination reveal there is

tenderness to palpation of the lateral wrist and volar wrist. Lumbar spine X-rays showed levoconvex lumbar scoliosis; straightening of the lumbar lordosis, which may be positional or reflect an element of myospasm and decreased disc height at L5 to S1 (sacroiliac). Right shoulder X-ray on 9-16-14 showed an unremarkable shoulder study. Magnetic resonance imaging (MRI) of the right shoulder on 9-12-14 showed acromion, flat, laterally down-sloping; acromioclavicular joint, osteoarthritis and supraspinatus tendinosis. Right wrist X-ray on 9-16-14 showed linear density projecting over the soft tissue of the wrist, appreciated only at the lateral view, which is most likely artifactual, suggest clinical correlation and visual inspection. Left wrist X-ray showed an unremarkable wrist study. Cervical spine X-ray on 9-16-14 showed straightening of the cervical lordosis, which may be positional or may reflect an element of myospasm. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; brachial neuritis or radiculitis not otherwise specified; sprain of neck; sprain of thoracic; sprain of lumbar; other affections of shoulder region, not elsewhere classified; sprains and strains of unspecified site of shoulder and upper arm and thoracic or lumbosacral neuritis or radiculitis, unspecified. The Panel Qualified Medical Re-evaluation on 7-30-15 noted that the injured worker has had physical therapy two times a week for approximately six weeks; the treatment consisted of electrical stimulation, heat and biofreeze with temporary relief. The injured worker has had approximately 16 aquatherapy treatment and approximately June of 2015 it was restarted two times a week to date. The original utilization review (8-7-15) denied the request for cervical epidural steroid injection quantity 1; lumbar epidural steroid injection at L5-S1 (sacroiliac); right L4 percutaneous spinal nerve root injection quantity 1; right L5 percutaneous spinal nerve root injection quantity 1 and right S1 (sacroiliac) percutaneous spinal nerve root injection quantity 1.

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

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

**Cervical epidural steroid injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach.

**Decision rationale:** The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation that the patient is either a candidate for surgery or and is currently being considered for a cervical procedure. Detailed evidence of severe and/or progressive neurological deficits has not been documented. Cervical epidural steroid injection Qty: 1.00 is not medically necessary.

**Lumbar epidural steroid injections at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. Lumbar epidural steroid injections at L5-S1 are not medically necessary.

**Right L4 Percutaneous spinal nerve root injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Selective nerve root blocks, See Epidural steroid injections, diagnostic.

**Decision rationale:** The Official Disability Guidelines recommend a selective nerve root block under the following circumstances: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. A selective nerve root block is a diagnostic procedure. There is no documentation explaining the purpose of the block. Right L4 Percutaneous spinal nerve root injection Qty: 1.00 is not medically necessary.

**Right L5 Percutaneous spinal nerve root injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Selective nerve root blocks, See Epidural steroid injections, diagnostic.

**Decision rationale:** The Official Disability Guidelines recommend a selective nerve root block under the following circumstances: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root

compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. A selective nerve root block is a diagnostic procedure. There is no documentation explaining the purpose of the block. Right L5 Percutaneous spinal nerve root injection Qty: 1.00 is not medically necessary.

**Right S1 Percutaneous spinal nerve root injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Selective nerve root blocks, See Epidural steroid injections, diagnostic.

**Decision rationale:** The Official Disability Guidelines recommend a selective nerve root block under the following circumstances: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. A selective nerve root block is a diagnostic procedure. There is no documentation explaining the purpose of the block. Right S1 Percutaneous spinal nerve root injection Qty: 1.00 is not medically necessary.