

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0177816 |                              |            |
| <b>Date Assigned:</b> | 09/18/2015   | <b>Date of Injury:</b>       | 10/24/2006 |
| <b>Decision Date:</b> | 10/21/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 10-24-2006. She has reported subsequent neck, right upper extremity, low back and bilateral leg pain and was diagnosed with chronic pain syndrome secondary to cervical radiculopathy from C5-C7 cervical disc disease, degenerative disc disease of the lumbar spine, osteoarthritis and chronic recurrent bursitis and tendonitis of the right shoulder and stomach pain related to use of non-steroidal anti-inflammatory medications. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy, home exercise program and an epidural steroid injection. Pain medication and physical therapy were noted to fail to significantly relieve pain. The physician noted that the injured worker had an excellent response from previous epidural steroid injections, the last of which was received in 2012, resulting in 50% reduction of pain for at least 6-8 weeks with improvement in function and reduction of oral analgesic medication. The injured worker also noted to have an excellent response from chiropractic therapy. In a progress note dated 08- 03-2015, the injured worker reported continued right neck, right upper extremity and right shoulder pain that ranged from 4 to 8 out of 10 and was an 8 out of 10 without medication. The physician noted that the injured worker was having extreme difficulty with performing simple activities of daily living. Objective examination findings were notable for right rotation to 90 degrees, left rotation of 90 degrees, forward flexion of 45 degrees and extension of 30 degrees, mild tenderness over the right erector capitis and trapezius muscles, and persistent sensory deficits (4 out of 5 over the right C5-C7 dermatomes). A request for authorization of right C6-C7 epidural steroid injection, quantity of 1 was submitted. As per the utilization review on 08-19- 2015, the request for right C6-C7 epidural steroid injection, quantity of 1 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C6-C7 epidural steroid injection Qty: 1:** 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:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a CESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection as it is reported medications and chiropractic care provided relief. Cervical epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Right C6-C7 epidural steroid injection Qty: 1 is not medically necessary or appropriate.