

<b>Case Number:</b>	CM15-0063632		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, Pain Management

### 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 50-year-old female who sustained a work related injury May 14, 2012. She described a gradual development of pain in her neck, shoulders, elbows, and hands, she relates to repetitive trauma from work. She had x-rays, MRI's, nerve tests, blood work, and received chiropractic treatment and medication. According to an orthopedic consultation physician's report, dated February 18, 2015, the injured worker presented with complaints of pain in the cervical spine, rated 6/10, described as off and on sharp and achy with movement. The pain radiates down the bilateral shoulders, with associated numbness and tingling into the hands and fingers. Assessment is documented as cervical disc disease; cervical radiculopathy; bilateral lateral epicondylitis; bilateral flexor tenosynovitis of the upper extremities. Treatment recommendations included request for authorization for bilateral C4-C5 and C5-C6 transfacet epidural steroid injections x 2, Tylenol #3, urine drug screen, and cervical traction. Notes indicate that an MRI performed on February 10, 2015 identified as C4-5 disc bulge with mild right-sided bony hypertrophy with C5-6 protrusion with mild narrowing and abutment of the exiting right cervical nerve root. The requesting physician states that the patient has failed conservative treatment including physical therapy, chiropractic treatment, medication, rest, and a home exercise program. An MRI dated 2012 the shows no neural foramina stenosis at C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C4-C5 transfacet epidural steroid injection qty: 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, it does not appear that the cervical radiculopathy has been supported by electrodiagnostic studies or MRI at the currently requested level. Additionally, guidelines do not support multiple injections, and recommended documentation of analgesic efficacy and objective functional improvement prior to considering a 2nd or 3rd injection. In light of the above issues, the currently requested cervical epidural steroid injection is not medically necessary.

**Left C4-C5 transfacet epidural steroid injection qty: 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, it does not appear that the cervical radiculopathy has been supported by electrodiagnostic studies or MRI at the currently requested level. Additionally, guidelines do not support multiple injections, and recommended documentation of analgesic efficacy and objective functional improvement prior to considering a 2nd or 3rd injection. In light of the above issues, the currently requested cervical epidural steroid injection is not medically necessary.

**Left C5-C6 transfacet epidural steroid injection qty: 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, it appears that a series of two injections are being requested. Guidelines do not support multiple injections, and recommended documentation of analgesic efficacy and objective functional improvement prior to considering a 2nd or 3rd injection. In light of the above issues, the currently requested cervical epidural steroid injection is not medically necessary.