

<b>Case Number:</b>	CM15-0064054		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/28/1993
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	04/02/2015
<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: 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 was a 50-year-old female, who sustained an industrial injury, October 28, 1993. The injured worker received the following treatments in the past right knee surgery, Estradiol, Gabapentin, Norco, Phentermine, Promethazine, Enteric Coated, Butalbital/APAP, Voltaren Gel, Lidoderm Patches, cervical spine MRI, lumbar spine MRI, random toxicology laboratory studies and left greater trochanteric bursa corticosteroid injection. The injured worker was diagnosed with anxiety, arthritis, lumbar radiculopathy, left greater trochanteric bursitis, knee pain, thoracic pain, myofascial pain transform migraines and cervicogenic cephalgia. According to progress note of February 12, 2015, the injured workers chief complaint was low back pain and left hip pain. The injured worker's low back pain noted the radiation of pain down the left leg to the back of the thigh. There were intermittent sharp shooting pains down into the right leg into the heel. The injured worker was unable to wear knee braces due to weight gain. The injured worker continued with abdominal discomfort, dizziness headaches and headaches. The treatment plan included cervical epidural steroid injection with fluoroscopy guidance and platelet rich plasms injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI with Fluoroscopic Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections 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 the therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had an MRI of the cervical spine on 6/13/14 indicating neural foraminal narrowing at multiple levels. The physician requested C3-C7 injections. Exam findings on 1/29/15 did not show radicular findings. In addition, the guidelines do not recommend injections in more than 2 levels. Based on the guidelines, and clinical information, the request for cervical ESI is not medically necessary.

**Platelet Rich Plasma Injection:** 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): 181. Decision based on Non-MTUS Citation ODG - knee chapter and 54.

**Decision rationale:** According to the guidelines, PRP injections are under study and may benefit those with tendonopathy, osteoarthritis or cartilage and ligament injury. The ODG and ACOEM guidelines do not comment on PRP for the cervical spine. There is lack of evidence for the support of PRP for the cervical spine. The amount, frequency and level of PRP injection was not specified. The request is not medically necessary.

