

<b>Case Number:</b>	CM15-0064982		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/01/2006
<b>Decision Date:</b>	11/09/2015	<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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 55 year old female who sustained an industrial injury on 10-01-2006. Medical records indicate the worker was treated for chronic pain syndrome, moderate depression, bicipital tendinosis, cervicgia, cervical myofascial pain, post anterior cervical discectomy and fusion, cervical laminectomy syndrome, cervical facet mediated pain, cervical degenerative disk disease, and ongoing right upper extremity cervical radiculopathy. Treatment to date has included physical therapy and use of a transcutaneous electrical nerve stimulation (TENS) unit (which she finds helpful but not for her radicular pain). She takes Percocet on a rare basis and her medications otherwise include Elavil, and Motrin or Naprosyn. There are no quantitative or qualitative ratings for her pain levels and effect of medications. The worker walks 20-30 minutes every other day and has a stretching home exercise program According to provider notes of 03/10/2015, she has weakness and reduced grip strength on the right arm compared to the left, and sensory changes from C7-T1 distributions. She has tenderness over the bilateral trapezius. The treatment plan includes continuation of medications, her home exercise program, and administration of a cervical epidural steroid injection. A request for authorization was submitted for 1 cervical epidural steroid injection as an outpatient. A utilization review decision 04-02-2015 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 cervical epidural steroid injection as an outpatient:** 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:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 therapeutic phase. We recommend no more than 2 ESI injections. Per the medical records submitted for review, it is noted that the injured worker has weakness in the right arm compared to left, sensory changes from C7-T1 dermatomal distribution, reduced grip strength of 4/5 on the right. MRI of the cervical spine dated 2/4/11 revealed mild congenital narrowing of the central canal at the C3-T3 levels with exacerbation from degenerative disc disease and calcification of the thickened posterior longitudinal ligament spanning the C5-T1 levels with associated moderate cord compression at C5-C6 with milder cord compression at C6-C7. The above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. However, as the operative level is not specified, radiculopathy cannot be confirmed. The request is not medically necessary.