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| <b>Case Number:</b>   | CM15-0068431 |                              |            |
| <b>Date Assigned:</b> | 04/16/2015   | <b>Date of Injury:</b>       | 12/31/2012 |
| <b>Decision Date:</b> | 05/18/2015   | <b>UR Denial Date:</b>       | 03/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2015 |

### 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 (IW) is a 55 year old male who sustained an industrial injury on 12/31/2012. He reported pain in the neck with radicular symptom. The injured worker was diagnosed as having low back pain; lumbar radiculopathy. Treatment to date has included ice, heat, nonsteroidal anti-inflammatory drugs without improvement. Previous treatment recommendations included lumbar steroid epidurals, and physical therapy. The worker is taking narcotic pain medication for the pain. X-rays have been taken but are not discussed in the documentation. Currently, the injured worker complains of pain in the lower back that is described as sharp, stabbing, burning, and constant, radiating in to the right ankle, Numbness, weakness, and paresthesia are noted. There is no complaint of swelling. There is no complaint of sexual dysfunction. The treatment plan is for Norco, Prilosec, an Electro Myogram/ Nerve Conduction Velocity of the bilateral lower extremity, and authorization of a MRI of the lumbar spine is requested. A pain contract is signed on the 03/04/2015 visit. According to the documentation of 03/04/2015, a C5-6 Cervical Steroid Injection with Epidurography and Monitored Anesthesia Care was previously requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6 Cervical Steroid Injection with Epidurography and Monitored Anesthesia Care:**  
 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 therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had an MRI in 2013 that showed C5-C6 foraminal stenosis and facet arthropathy. There was no abnormal cord signal. Recent exam findings indicate discrepant findings of normal dermatomes and a mention of diminished sensation in the C5 dermatome. There were no other significant radicular findings. Based on the above, the request for an ESI does not meet the guideline criteria and is not medically necessary.