MAXIMUS Federal Services

| Case Number: | CM15-0077415 | | |
|---|---|---|---|
| Date Assigned: | 04/28/2015 | Date of Injury: | 04/09/2007 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

## 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: Preventive Medicine, Occupational Medicine

## 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 male with an industrial injury dated April 9, 2007. The injured worker's diagnoses include cervical stenosis and radiculopathy and chronic cervical strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/16/2015, the injured worker reported neck stiffness with last arm paresthesias and numbness to the thumb and index finger. The injured worker also reported radiating pain to the right upper arm with tingling. Objective findings revealed diminished sensation at the left thumb worse than the third finger and tenderness to palpitation at the mid cervical paraspinals and upper trapezius bilaterally. The treating physician reported that Spurling's test on the left produced paresthesias down the arm to the hand and on the right produced pain with paresthesias to upper arm and elbow. The treating physician prescribed services for one left C6 transforaminal epidural steroid injection under fluoroscopic guidance now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One left C6 transforaminal epidural steroid injection under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 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 8) No more than 2 ESI injections. In this case, the injured worker had a previous left C6 transforaminal ESI on 11/22/14. There is no supporting documentation reporting the extent of pain relief or increase in functioning level, therefore the need for an additional ESI on the left is not supported. The request for one left C6 transforaminal epidural steroid injection under fluoroscopic guidance is determined to not be medically necessary.