

<b>Case Number:</b>	CM15-0099182		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey

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 is a 64 year old female, who sustained an industrial injury on July 30, 1998, incurring back, and neck and shoulder injuries. She was diagnosed with lumbosacral disc disease, cervical disc disease and cervicobrachial syndrome. Treatment included anti-inflammatory drugs, narcotics, topical analgesic gel, physical therapy and home exercise program. Currently, the injured worker complained of right neck pain, right upper arm and mid back pain. She complained of tingling and numbness and frequent headaches. She had difficulty sleeping secondary to continuous pain. Upon examination, it was noted the injured worker had right upper extremity sensory deficits. Thoracic spine Magnetic Resonance Imaging performed in January, 2015 was unremarkable and a cervical Magnetic Resonance Imaging showed moderate degenerative disc disease. The treatment plan that was requested for authorization included a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, p. 46.

**Decision rationale:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, she had complained of neck pain with right posterior arm pain. According to the documentation provided, there was no physical findings which specifically corroborated a specific spinal level corroborating with these reported symptoms. Previous cervical MRI results were provided for review, however, there was no specific individual level finding which suggested one specific lesion which could have been causing the reported symptoms. Also, there was no specific level included in the request for cervical epidural steroid injection to review. Therefore, considering the above reasons, the request for epidural steroid injection will be considered medically unnecessary at this time.