

<b>Case Number:</b>	CM13-0006067		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	06/11/2002
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 63-year-old female with complaints of ongoing neck as well as left-sided arm pain. The date of injury is 06/11/02 and the mechanism of injury was not documented. At the time of request for cervical epidural steroid injection with fluoroscopy guidance - (DOS): 06/01/2012 and cervical epidural steroid injection with fluoroscopy guidance - (DOS): 07/02/2012, there are subjective (ongoing neck pain as well as left arm pain with numbness and weakness, low back pain, and left shoulder pain.), objective (ambulatory, no obvious lateralizing deficits), findings, imaging/other findings (fusion at C5-C6 with evidence of osteophyte complex causing retropulsion and multilevel degenerative changes with facet arthropathy and foraminal narrowing on C-spine MRI. MRI of the left shoulder showed evidence of a supraspinatus tendon tear.), surgeries (left elbow surgery injection on 03/30/12, bilateral carpal tunnel release, left cubital tunnel release, bilateral plantar fascia release, Chiari malformation, left shoulder arthroscopy with subacromial decompression on 4/11/13), current medications as per the report of 4/11/13 (gabapentin, Ultram, Cymbalta, aspirin, Levemir FlexPen, Nexium, Quetiapine, Tramadol, Vytorin, Zolpidem, and Zyrtec), diagnoses (arm pain and cervical degenerative disk disease), and treatment to date (no pain relief from previous cervical ESI on 06/01/12 as well as on 07/20/12, PT, TEN's, heat therapy, and shoulder ESI in February 2013 with minimal improvement). The request for cervical epidural steroid injection (ESI) with fluoroscopy guidance - Date of Service (DOS): 06/01/2012 and cervical epidural steroid injection (ESI) with fluoroscopy guidance - Date of Service (DOS): 07/02/2012 was denied on 07/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION (ESI) WITH FLUOROSCOPY  
GUIDANCE - DATE OF SERVICE (DOS): 06/01/2012: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck&Upper Back, Epidural Steroid Injection (ESI)

**Decision rationale:** Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. 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. Criteria for the use of Epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, supporting documentation is lacking as there is no examination and clinical history in the medical records provided prior to the procedure(s). There is no clinical evidence of any radicular pain in a nerve root distribution. There is no imaging evidence of nerve root compression. There is no Electrodiagnostic evidence of cervical radiculopathy. There is no documentation of trial and failure of conservative management such as physical therapy in this injured worker. Therefore, the medical necessity of the request for cervical epidural steroid injection cannot be established based on the guidelines and submitted clinical information.

**CERVICAL EPIDURAL STEROID INJECTION (ESI) WITH FLUOROSCOPY  
GUIDANCE - DATE OF SERVICE (DOS): 07/02/2012: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck&Upper Back, Epidural Steroid Injection(ESI)

**Decision rationale:** Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. 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. Criteria for the use of Epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, supporting documentation is lacking as there is no examination and clinical history in the medical records provided prior to the procedure(s). There is no clinical evidence of any radicular pain in a nerve root distribution. There is no imaging evidence of nerve root compression. There is no Electrodiagnostic evidence of cervical radiculopathy. There is no documentation of trial and failure of conservative management such as physical therapy in this injured worker. Therefore, the medical necessity of the request for cervical epidural steroid injection cannot be established based on the guidelines and submitted clinical information.