

<b>Case Number:</b>	CM13-0032061		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty Certificate in Acupuncture and Pain Medicine and is licensed to practice in California. 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 physician 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:

49 year old male injured worker with date of injury 2/27/12 with neck pain that radiates to the right upper extremity and numbness of the right hand (C6 dermatome). He has been diagnosed with cervical disc degeneration. Cervical MRI done 6/7/13 showed mild to moderate multilevel degenerative changes. Mild bilateral uncovertebral joint hypertrophy and mild disc bulge at C4-5. Small diffuse disc osteophyte complex and bilateral uncovertebral joint hypertrophy and mild facet arthropathy with moderate to severe right sided neural foraminal stenosis and mild spinal canal stenosis at C5-C6. The injured worker has been treated with arthroscopic labral repair and subacromial decompression of the right shoulder (1/15/13), cortisone injection, home physical therapy, and medications. The date of UR decision is 9/24/13. The latest document available for this review was dated 11/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6 Epidural Steroid Injections times two (2) under fluoroscopy and anesthesia (6227 and 62284), dates of service (9/17/2013 - 11/15/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** ACOEM guidelines state "Cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise." As stated in the MTUS Chronic Pain Medical Treatment Guidelines, 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. There was no follow up documentation regarding the effect of the epidural available for my review. Without documentation of pain relief and functional improvement of the aforementioned cervical epidural steroid injection performed on 11/12/13, repeat blocks cannot be recommended. The request is not medically necessary.