

<b>Case Number:</b>	CM13-0072577		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Internal Medicine & Emergency and is licensed to practice in Florida. 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:

This patient reported a date of injury of 09/28/06. A progress report associated with the request for services, dated 11/19/13, identified subjective complaints of neck pain radiating into both arms with numbness and tingling. Objective findings included tenderness to palpation of the cervical spine. There was decreased range-of-motion and decreased grip strength on the right. Sensation was intact. Diagnoses included cervical disc disease with radiculopathy, right greater than left. The record states that she was on no prescribed medications at that time. However, later in the record she was not to be on a number of medications for medical conditions, but no regular analgesics. A Utilization Review determination was rendered on 12/26/13 recommending non-certification of "Cervical epidural steroid injection (CESI)".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION (CESI):** Upheld

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

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

**Decision rationale:** The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 46 and the Official Disability Guidelines (ODG), Neck, Epidural Steroid Injections. The Expert Reviewer's decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Official Disability Guidelines (ODG) states that epidural steroid injections of the neck are recommended as an option for radicular pain. A study showed improvement in pain and function at 4 weeks and also at one year. Criteria for use include: Objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated if there is an inadequate response to the first block. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the diagnostic blocks (50% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The claimant does have objective findings of a radiculopathy. However, there is no documentation of associated imaging or electrodiagnostic studies. Likewise, there is insufficient documentation of prior conservative therapy. Therefore, there is no documented medical necessity for a cervical epidural steroid injection.