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| <b>Case Number:</b>   | CM14-0002353 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 01/09/2003 |
| <b>Decision Date:</b> | 06/16/2014   | <b>UR Denial Date:</b>       | 12/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/07/2014 |

### 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 Physical Medicine and Rehabilitation 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 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 is a 70 year old male with a 1/9/2003 date of injury. On 12/31/13 Utilization review denied the request for cervical epidural at C4 and C5. Examination findings revealed neck pain with radiation to the right arm. , decreased range of motion, and spasm. A cervical MRI in May of 2013 reveled diffuse disc bulging. He has been treated with medications and epidural injections (cervical epidural steroid injection at the right C4 and C5) . MRI noted to reveal pronounced foraminal stenosis on the right at C4/5 and C3/4 on the right. A progress note from 5/3/13 noted that a cervical epidural failed. Treatment to date: medications, PHYSICAL THERAPY (PT), SCS, cervical steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION AT RIGHT C4 AND RIGHT C5 WITH A CATHETER DIRECTED APPROACH:** 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 AMA GUIDES (RADICULOPATHY) Page(s): 46.

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. This is a 70 year old male with an apparent history of cervical steroid injections, however there is no indication that these injections were helpful, in a prior progress note, the patient was noted to have no non-specific benefit. Given the reduction in pain is not quantified, as well as the duration of pain relief following steroid injection, medical necessity has not been met. Therefore, the request was not medically necessary.