

<b>Case Number:</b>	CM14-0008220		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/01/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Occupational 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 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:

The patient is a 62-year-old female who has submitted a claim for degenerative disc disease of the cervical spine and cervical radiculitis associated with an industrial injury date of January 1, 2011. The patient complained of persistent neck pain, grade 5/10 in severity. The pain radiates down the left upper extremity. It was characterized as aching, numbing, stabbing, burning, and intermittent. The physical examination showed tenderness of the cervical paraspinal muscles. There was decreased range of motion of the cervical spine. Motor strength and sensation was intact. An MRI of the cervical spine, dated December 4, 2013, revealed mild degenerative and discogenic changes at C4-C5, C5-C6 and C6-C7 including mild canal stenosis at these levels and mild left neural foraminal narrowing at C4-C5 and C6-C7. The treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, and cervical epidural steroid injections. The utilization review, dated January 6, 2014, denied the request for cervical ESI with oral sedation because the patient has radicular pain but was not corroborated by MRI or other diagnostic modalities. In addition, there was no level of injection specified.

### 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 ORAL SEDATION (NO LEVELS PROVIDED): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, cervical epidural steroid injection was suggested for the chronic nature of the patient's neck and left upper extremity pain, cervical spine results, and failure of conservative treatment. MRI done last December 13, 2013 showed mild canal stenosis at C4-C5, C5-C6 and C6-C7 and mild left neural foraminal narrowing at C4-C5 and C6-C7. However, recent physical examination findings show no manifestations of radiculopathy. The MRI findings are not consistent with the patient's physical examination. In addition, there was no evidence that the patient was unresponsive to conservative treatment. The guideline criteria have not been met. Furthermore, the present request failed to specify the laterality and nerve root levels involved in the procedure. Therefore, the request for cervical ESI with oral sedation is not medically necessary.