

<b>Case Number:</b>	CM14-0108225		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 59-year-old female with a reported date of injury on 06/13/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include disc herniation at C5-6, spinal stenosis at C5-6, upper arm joint pain, lateral epicondylitis, and carpal tunnel syndrome. The previous treatments were noted to include chiropractic care, physical therapy, and medications. The progress note dated 05/27/2014 revealed the injured worker complained of neck pain, left shoulder pain, left wrist pain, and right wrist pain, rated 7/10. The injured worker indicated the medications were helping. The physical examination of the cervical spine revealed range of motion was restricted and tenderness was noted to the trapezius. The provider indicated the MRI of the cervical spine, with an unknown date, noted disc herniation was present at C5-6 to the right side. The provider also indicated an electromyography, performed 10/03/2013, showed moderate median neuropathy in the bilateral hands. The Request for Authorization form was not submitted within the medical records. The request was for a cervical epidural steroid injection bilaterally to C5-6 for cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI (Epidural Steroid Injection) Bilateral C5 - 6: 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 Epidural Steroid injections Page(s): 46.

**Decision rationale:** The injured worker complains of neck pain rated 7/10, and has completed physical therapy, chiropractic care, medications, and a TENs unit. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. 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 6 to 8 weeks, with general recommendation of no more than 4 blocks per region per year. There is a lack of documentation regarding failure of conservative treatment; the physical therapy notes submitted do not indicate failure or success. The MRI results indicate disc herniation, however, the original MRI was not submitted and therefore a determination cannot be made of true radiculopathy. The clinical findings do not show significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.