

<b>Case Number:</b>	CM14-0016208		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & 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 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 injured worker with date of injury 3/5/10 with related neck pain that radiates into the arms and headaches. Per 1/15/14 progress report, she reported neck pain rated at 8/10, burning and radiating into the arms with numbness and tingling in the fingers. The pain is made better with medication which is well tolerated. She received a C6-C7 transfacet epidural steroid injection on 12/5/13. The injection provided 60% relief that lasted for 2 weeks. On physical examination there is moderate tenderness and spasm in the paraspinal muscles. There is facet tenderness from C4 to C7. MRI of the cervical spine dated 5/2/13 revealed multilevel cervical degenerative disc disease; a 3mm central disc protrusion at C3-C4, which mildly impresses on the cord; mild spinal stenosis at C4-C5 and C5-C6 level and moderate spinal stenosis at C6-C7. Treatment to date has included chiropractic manipulative therapy, acupuncture, physical therapy, medication management, rest and a home exercise program. The date of UR decision was 1/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SECOND BILATERAL C5-C6 AND C6-C7 TRANSFACET EPIDURAL STEROID INJECTIONS: 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:** Per the MTUS CPMTG 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: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing., Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)., Injections should be performed using fluoroscopy (live x-ray) for guidance., 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., No more than two nerve root levels should be injected using transforaminal blocks., No more than one interlaminar level should be injected at one 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)., 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. Review of the submitted medical records indicates that the injured worker received a C6-C7 transfacet epidural steroid injection on 12/5/13. The injection provided 60% relief that lasted for 2 weeks. She was able to decrease her intake of medication. She reported decreased numbness and tingling to the dorsum of her hands, along with decrease in headaches. As the criteria requires at least six weeks of pain relief, medical necessity cannot be affirmed.