

<b>Case Number:</b>	CM14-0118460		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/31/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 58-year-old female with date of injury 8/31/00. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic neck pain with radiation of pain to the left upper extremity since the date of injury. She has been treated with physical therapy, medications and epidural corticosteroid injections of the cervical spine performed in 8/2000, 9/2000 and 10/2000. Magnetic resonance imaging (MRI) of the cervical spine performed in 05/2014 revealed mild degenerative and spondylitic changes throughout the cervical spine, right foraminal stenosis at C5-6, right greater than left foraminal stenosis at C4-5. Objective findings include painful and decreased range of motion of the cervical spine, decreased triceps reflex on the left. Diagnosis is neck pain with radiculopathy. Treatment plan and request includes cervical epidural corticosteroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI, no stated level:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) ; Criteria for the use of Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Epidural Steroid Injections (ESIs); Use for Chronic Pain.

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

**Decision rationale:** Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) 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. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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). 8) Current research does not support series-of-three injections in either the diagnostic or the therapeutic phase. The recommendation is no more than two ESI injections. The available medical records do not include documentation that meets criteria (1) and (8) above. Specifically, the included imaging studies do not corroborate the findings of radiculopathy found on physical examination, nor is there electrodiagnostic imaging to support the findings on examination. Additionally, there is no documentation that the patient had greater than 50% pain relief for at least 6-8 weeks with associated decreased use of medications with the prior injections. On the basis of the above MTUS guidelines and available provider documentation, cervical epidural corticosteroid injection bilateral is not indicated as medically necessary.