

<b>Case Number:</b>	CM14-0123650		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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, has a subspecialty in Interventional Spine 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 32 year old with an injury date of 4/3/14. Per the report dated 06/24/2014, the patient complains of severe cervical pain that radiates into bilateral upper extremities, right > left. She has undergone a full course of physical therapy, and is taking multiple oral pain medications with no improvement. Based on the 6/24/14 progress report the diagnoses include cervical radiculopathy; cervical disc bulge with stenosis of C5-6 and C6-7; right carpal tunnel syndrome - mild; and myofascial pain. The examination reviewed she had normal gait without antalgia, cervical spine range of motion was restricted and painful, and there was tenderness to palpation over paraspinals. Her upper extremity strength is 5/5 for shoulder flexion, biceps, triceps, wrist flexion, and wrist extension. The treating doctor is requesting consultation with anesthesiologist and cervical epidural steroid injection C6-7. The utilization review determination being challenged is dated 7/7/14. The treating physician's reports were provided from 04/03/14 to 04/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Anesthesiologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

**Decision rationale:** On 6/24/14 the treating physician requested a C6-7 cervical epidural steroid injection and a request for anesthesiologist consultation to perform the injection. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the requested cervical epidural steroid injection is not indicated for this patient, thus the request for consultation with anesthesiologist to administer the injection would also not be indicated. As such, this request is not medically necessary.

#### **Cervical Epidural Steroid Injection C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Epidural steroid injections (ESIs), pg 46 of 127, :Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." Criteria for the use of Epidural steroid injections:Note: The purpose of ESI is 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 functional benefit.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 inter laminar 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.

**Decision rationale:** This patient presents with neck pain and the treating physician has asked for cervical epidural steroid injection C6-7 on 6/24/14. The MRI of the cervical spine showed annular bulging/spondylitic ridging at C5-6 and C6-7, but no disc extrusion or foraminal narrowing. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, there is no evidence of nerve dysfunction that corresponds with the C6-7 dermatomal distribution. In addition, the cervical MRIs do not show significant herniation at C6-7. The requested cervical epidural steroid injection is not indicated for this patient at this time. As such, the request is not medically necessary.