

<b>Case Number:</b>	CM14-0125435		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Family 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:

This is a 26 year old male with a 3/15/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/28/14 noted subjective complaints of neck and right shoulder pain. Objective findings included decreased ROM neck and right shoulder. There was decreased sensation in the bilateral C6-7 dermatomes. Diagnostic Impression: shoulder internal derangement, left shoulder, cervical radiculopathy. Treatment to Date: medication management, acupuncture. A Utilization Review (UR) decision dated 7/15/14 denied the request for epidural steroid injection x 3 C6-C7. Physical examination findings are not suggestive of radiculopathy at the planned level of injection. A series of three Epidural Steroid Injections are not guideline supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection x 3 C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. 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. There are physical exam findings suggestive of cervical radiculopathy. However, there are no cervical MRI or electrodiagnostic reports available for review. Additionally, the request is for cervical ESI x 3. Current guidelines and recommendations do not support "series of three" injections. Repeat injections should only be authorized after documented success with the first injection. Therefore, the request for epidural steroid injection x 3 C6-C7 was not medically necessary.