

<b>Case Number:</b>	CM14-0137591		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational Medicine and is licensed to practice in Hawaii and 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 claimant is a 49-year-old male employee with a date of injury on 11/17/2011. A review of the medical records indicates the patient undergoing treatment for spinal stenosis, neck and left arm pain. Subjective complaints (6/22/2014) include neck and upper back pain with radiation to left arm with numbness in a C6-7 distribution. Objective findings (6/22/2014) include tenderness to palpation to cervical paraspinal muscles, decreased range of motion of cervical neck, positive Spurling's sign to left arm, and positive shoulder impingement sign to left shoulder. Treating p physician also notes decreased strength to left arm in consistent with C6-7. Cervical neck MRI dated 2/23/2012 reports foraminal herniation to C6-7, paracentral herniation to C2-3, and right paracentral bulge to C3-4. Treatment has included translaminar epidural steroid injection L4-5 (2011), physical therapy (unknown number of sessions), Glucosamine, and Aspirin. A utilization review dated 7/29/2014 non-certified a request for cervical interlaminar injection C6 and C7 due to not meeting guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical interlaminar injection C6 and C7:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . 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." Treatment notes indicate prior physical therapy sessions, but the number, location, and results of those sessions are unknown. The treating physician does write that physical therapy was recently approved and the patient will be starting additional treatment soon. The treating physician notes C6-7 distribution of numbness along with decreased strength of C6-7 to left arm. The MTUS further defines the criteria for epidural steroid injections to include: 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; current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the patient demonstrates radiculopathy that is documented via physical exam and corroborated by imaging studies. The patient's date of injury was in 2011 and it appears that conservative treatment has been ongoing and not fully successful. Per MTUS, the medical records appear to meet the criteria necessary to proceed with cervical injection. As such, the original non-certification is overturned and the request for a cervical interlaminar injection to C6 and C7 is determined to be medically necessary.