

<b>Case Number:</b>	CM14-0153467		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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:

This is a patient with a date of injury January 20, 2012. A consultation dated May 23, 2014 identifies subjective complaints of chronic progressive pain in his head and neck. He states that the pain radiates down his arms to both hands and also causes headaches. The patient states that his neck is 99% of his pain and his arms are 1% of his pain. Physical examination findings reveal spasm and tenderness in the cervical spine with restricted range of motion, normal strength, and normal sensation. Diagnoses include cervical pain, occipital neuralgia, post-concussion syndrome, and migraine. The treatment plan recommends psychological consultation, physical therapy, Topamax, Butrans patch, urine toxicology screen, 2nd opinion neurosurgical evaluation, diagnostic medial branch blocks to the cervical spine, and "if the above requested medial branch blocks fail, we will consider future cervical epidural steroid injections." The note goes on to state that epidural injections are recommended for treatment of radicular pain "defined as pain in a dermatomal distribution with corroborative findings of radiculopathy." The note goes on to state the radiculopathy must be corroborated by imaging studies and electrodiagnostic testing and initially unresponsive to conservative treatment including physical methods. A progress report dated June 27, 2014 indicates that the patient underwent medial branch blocks with no improvement the note states that the patient was recommended to undergo surgical intervention. The patient previously underwent diagnostic studies including an MRI through his private physician the treatment plan recommends a 2nd opinion neurosurgical evaluation and cervical epidural steroid injections. A physical therapy note dated July 17, 2014 indicates that the patient has undergone 4 therapy sessions at that time. An operative report dated July 29, 2014 indicates that the patient underwent a cervical epidural steroid injection. An electrodiagnostic study dated August 19, 2014 identifies bilateral median neuropathy, possible bilateral cubital tunnel syndrome, possible peripheral neuropathy, and likely left C5-6 radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical Epidural Steroid Injection (C7-T1): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 26, 46.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50 percent pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no documentation of failed conservative treatment, and no documentation of pain relief and functional improvement from any previous epidural steroid injections. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.