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| <b>Case Number:</b>   | CM14-0158105 |                              |            |
| <b>Date Assigned:</b> | 10/01/2014   | <b>Date of Injury:</b>       | 07/22/2011 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 46 year old female presenting with chronic pain following a work related injury on 07/22/2011. On 08/18/2014, the claimant reported worsening neck pain, bilateral arm pain, stabbing pain in the left periscapular area, numbness and tingling in the index and fingers, intermittent problems with balance and back pain that radiated into the buttock and left lower extremity. The claimant's medications included Norco. The physical exam showed decreased motor strength in the left finger extensors, decreased sensation in the right small finger, and decreased reflexes at the biceps, triceps and brachioradialis. The cervical MRI showed C4-5 stenosis and bilateral foraminal narrowing, C5-6 foraminal stenosis and left sided C6-7 foraminal narrowing from disk osteophyte complex. The claimant was diagnosed with C4-5 stenosis, left greater than right C7 radiculopathy and left L5-S1 radiculopathy. A claim was placed for cervical epidural at C6-7

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection at C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

**Decision rationale:** Cervical Spine Interlaminar Epidural Steroid Injection at C6-C7 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." According to the medical records the claimant had a cervical epidural steroid injection at left C6-C7; however, there is no record of the claimant's response. Per CA MTUS, previous epidural steroids should be followed by continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks; therefore, the requested procedure is not medically necessary.