

<b>Case Number:</b>	CM14-0164161		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 & 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:

The injured worker is a 56-year-old male who reported an injury of unspecified mechanism on 04/24/2013. On 09/02/2014, his diagnoses included herniated nucleus pulposus with right radiculopathy, secondary to workmen's comp. injury, severe degenerative joint disease at L4-S1 bilaterally, right radiculopathy severe, obesity, anxiety, insomnia, and status post L4-S1 lumbar decompression and fusion on 01/14/2014. His complaints included moderate to severe pain in his neck, and moderate pain in his right shoulder "which seemed to be connected to his neck, indicating some radiculopathy". A recommendation was made for surgery at C5-7 decompression and fusion, but the injured worker was afraid and wanted to try epidural injections first. His cervical range of motion was decreased by 50 percent with 3/4 pain bilaterally. His medications included Norflex 100 mg, Tramadol 150 mg, Prilosec 20 mg, Xanax 1 mg and 3 compounded topical creams. The treatment plan included a series of 3 epidural steroid injections. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection C3-C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** The request for cervical epidural injection C3-C6 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain with no more than 2 ESI injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They 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. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, they do not effect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Among the criteria for use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker did not have a diagnosis of cervical radiculopathy. There was no radiculopathy corroborated through imaging and/or electrodiagnostic studies. Additionally, the guidelines do not support epidural steroid injections in the cervical region. Therefore, this request for cervical epidural injection C3-C6 is not medically necessary.