

<b>Case Number:</b>	CM14-0167273		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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 50-year-old female with a 7/17/12 date of injury. The injury occurred when she tripped on a box of cheese that had fallen to the ground. According to an appeal note dated 9/15/14, the patient has undergone rehabilitative modalities to her neck, but continued to have persistent neck pain in association with upper extremity radicular symptoms. She had exam findings inclusive of positive Spurling's test bilaterally localizing to neck pain, as well as decreased sensation over the left C6 dermatomal distribution. She had corroborative imaging findings, as MRI of the cervical spine revealed multilevel cervical disc disease at C3-4, C4-5, C5-6, and C6-7 with associated spinal and foraminal stenosis, most significantly on the right at C4-5 and C5-6 as well as somewhat on the left at C5-6. Diagnostic impression: cervical sprain, cervical radiculitis, lumbar sprain, lumbar radiculitis. Treatment to date: medication management, activity modification, cervical ESI, lumbar ESI, and physical therapy. A UR decision dated 9/29/14 denied the request for cervical ESI. The documentation does not delineate treatment rendered targeting the cervical spine. It appears that prior conservative treatment has been focused on the lumbar spine. Additional information would be required regarding prior conservative treatment for the neck and upper extremity symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection with catheter C4-5, C5-6: 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): 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. However, it is noted in the medical records provided for review that this patient had a cervical C7-T1 interlaminar epidural steroid injection performed on 10/15/14. There is no documentation of functional improvement or pain relief from the previous cervical epidural steroid injection. In addition, there is no rationale provided as to why this patient would require an additional injection in such a short amount of time. Therefore, the request for Cervical Epidural Steroid Injection with catheter C4-5, C5-6 is not medically necessary.