

<b>Case Number:</b>	CM14-0181848		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/13/1993
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Interventional Spine 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 patient is a 56-year-old female with a date of injury of 04/13/1993. The listed diagnoses are: 1. Cervical disk displacement. 2. Degeneration of cervical intervertebral disk. 3. Cervical radiculitis. 4. Postlaminectomy syndrome of cervical region. 5. Fibromyalgia. 6.

Headache. According to progress report 09/18/2014, the patient presents with chronic neck pain that radiates to the lower spine. The patient reports increase in neck pain with movement and mild sensitivity to touch. The patient states that her neck pain causes headaches. Examination of the cervical spine revealed on an axial compression, there is left trapezius tenderness. Cervical spine ROM is restricted in forward flexion, backward extension, right lateral tilt, left lateral tilt, right rotation, and left rotation. Upper extremity sensation to light touch is diminished over the C5 and C6 dermatome. Physician is requesting one cervical epidural injection at C5-C6 between 09/18/2014 and 12/09/2014, monitored anesthesia, and epidurography. Utilization review denied the request on 10/15/2014. Treatment reports from 04/01/2014 through 10/16/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Cervical Epidural Injection at C5-C6 between 9/18/2014 and 12/9/2014:** 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 ESI  
Page(s): 46-47.

**Decision rationale:** The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. For repeat injection during therapeutic phase, Recommended documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. The patient presents with some radiating symptoms, but there is no MRI provided to corroborate the findings. Furthermore, treater states that the patient had an initial CESI on 01/13/2014 which provided "50-60% relief. In this case, the treater has documented that the patient had 50-60% relief on progress report 09/18/2014, but there is no progress reports immediately following the injection that documents improvement in pain and decrease in medications. Furthermore, the MTUS states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Therefore, One (1) Cervical Epidural Injection at C5-C6 between 9/18/2014 and 12/9/2014 is not medically necessary.

**One (1) Monitored Anesthesia Care between 9/18/2014 and 12/9/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** This patient presents with neck pain that radiates to the lower spine and headaches. The treater is requesting a repeat cervical epidural injection, anesthesia, and epidurography. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. For repeat injection during therapeutic phase, Recommended documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. Given the patient has not been certified for the repeat cervical epidural steroid injection, the anesthesia is not necessary. Therefore, One (1) Monitored Anesthesia Care between 9/18/2014 and 12/9/2014 is not medically necessary.

**One (1) Epidurography between 9/18/2014 and 12/9/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." For repeat injection during therapeutic phase, "Recommended documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." The current request includes an epidurogram which is not indicated. Injection of contrast to ensure proper placement of the injection is part of the ESI procedure. Additional billing for epidurogram is not discussed in any of the guidelines. Furthermore, the patient has not been certified for the repeat cervical epidural injection and the epidurography is not medically necessary. One (1) Epidurography between 9/18/2014 and 12/9/2014 is not medically necessary.