

<b>Case Number:</b>	CM14-0184791		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old male who was injured on 6/7/2012. He was diagnosed with right shoulder sprain/strain, left shoulder sprain/strain, cervical disc herniation with radiculopathy, cervical stenosis, lumbar spine strain/sprain, lumbar facet arthritis, and low back pain. He was treated with physical therapy, medications, rest, and injections. On 4/17/2014, the worker had a cervical MRI which showed multilevel degenerative disc disease as well as uncinated and facet spondylosis, congenital spinal stenosis with short pedicles from C3-C6 along with central spinal stenosis from C3-C7 secondary to a combination of congenital spinal stenosis and acquired degenerative disc disease and spondylosis. On 9/18/14, the worker was seen by his primary treating physician, when he reported continual cervical pain and soreness in his right shoulder, hands, fingers, and wrists, which makes it difficult to sleep at night. He also complained of headaches, anxiety, and depression. Cervical area physical findings included flexion 30 degrees, extension 40 degrees, and right and left lateral bending 20 degrees with +2 spasms over upper trapezius muscles bilaterally. He was then recommended a cervical epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection therapeutic pain management procedure at the level of C5-C6 and C6-C7 with Epiduragram with procedure modification as indicated: 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, MRI evidence was present for cervical radiculopathy, however the physical examination documentation did not include evidence for such, which is required to be completed before each request for an epidural injection. Unfortunately without this in the documentation, the cervical epidural injection will be not medically necessary until provided for the reviewer.