

<b>Case Number:</b>	CM14-0185143		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/01/1988
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

According to the records made available for review, the injured worker is a 69 year-old male with a date of injury of 11/01/1988. The result of injury includes chronic neck and arm and shoulder pain. Diagnoses have included cervical spondylosis without myelopathy, cervical spine osteoarthritis and degenerative joint disease, causing stenosis of foramina at multiple levels of the cervical spine, and muscle spasms. Treatments have included medications, physical therapy, and cervical epidural steroid injections. Medications have included Carisoprodol, Kadian, and oxycodone. A progress note, dated 05/14/2014, reports a Magnetic Resonance Imaging (MRI) showing osteophytes causing stenosis of the foramina on multiple levels, as well as cervical spondylosis without myelopathy. Subjectively, the injured worker reports neck spasms and neck pain which radiates down into the arms. The treating physician's examination reports limited lateral flexion of the neck bilaterally due to pain, normal motor and sensory exam in the upper extremities, and normal reflexes. Cervical epidural steroid injections under fluoroscopy were performed on 05/14/2014, 07/09/2014, and 10/01/2014, with documentation supporting that the injured worker responded well and that pain is reduced 50% with the cervical epidural injections. A progress note from the treating physician, dated 10/02/2014, reported a major reduction of the injured worker's pain after this latest cervical epidural injection. Request is being made for Cervical Epidural Steroid Injection C6-7 with Fluoroscopy x 1 via Catheter. On 10/27/2014, Utilization Review non-certified the Cervical Epidural Steroid Injection C6-7 with Fluoroscopy x 1 via Catheter. The Cervical Epidural Steroid Injection C6-7 with Fluoroscopy x 1 via Catheter was non-certified based on the service not meeting established standards of medical necessity. The evidence-based guidelines cited by Utilization Review were the CA MTUS Chronic Pain Guidelines regarding epidural steroid injections. Application for independent medical review was made on 11/05/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection C6-7 with fluoroscopy x 1 via catheter:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck, Epidural Steroid Injection (ESI).

**Decision rationale:** The medical records report Cervical Epidural Steroid Injections under fluoroscopy were performed on 05/14/2014, 07/09/2014, and 10/01/2014, with documentation supporting that the injured worker responded well and that pain is reduced 50% with the cervical epidural injections. A progress note from the treating physician, dated 10/02/2014, reported a major reduction of the injured worker's pain after this latest cervical epidural injection. There is no documentation of quantitative degree of pain improvement or duration of pain improvement. ODG supports that at the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). As there is no documentation of quantitative degree of pain improvement or duration of improvement, the medical records do not support a further ESI therefore, this request is not medically necessary.