

<b>Case Number:</b>	CM14-0030715		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and 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 patient is a 53 year old female injured worker with date of injury 8/1/08 with related neck and right shoulder pain. Per progress report dated 6/17/14, she rated her pain as 8-9/10 without pain medication and 4-5/10 with pain medication. She stated that there were times when her pain was more severe. Electrodiagnostic studies dated 12/31/13, revealed evidence of mild bilateral carpal tunnel syndrome, worse on the right; and bilateral cubital tunnel syndrome. There was no electrodiagnostic evidence of cervical radiculopathy. MRI of the cervical spine dated 4/15/13, revealed focal central osteophyte protrusion without significant compromise at C5-C6 with mild right neural foraminal narrowing, with broad based disc osteophyte at C6-C7 without significant central or neural foraminal narrowing. She has been treated with botox injection, surgery, physical therapy, and medication management. The date of UR decision was 2/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection. C5-6 with fluoroscopic guidance:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."Review of the latest progress report submitted for review revealed no physical exam findings of radiculopathy. EMG/NCV performed 12/31/13 revealed no evidence of cervical radiculopathy. As the first criteria is not met, the request for Cervical Epidural Steroid Injection, C5-6 with fluoroscopic guidance is not medically necessary and appropriate is not medically necessary and appropriate.

**Conscious Sedation during ESI.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Epidural steroid injections (ESIs).

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

**Decision rationale:** As the requested ESI was not medically necessary, the request for conscious sedation is not medically necessary.