

<b>Case Number:</b>	CM14-0054452		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/07/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Anesthesiology, 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:

The injured worker is a 66-year-old female who reported an injury on 05/07/2008. The mechanism of injury is unknown. The injured worker's diagnoses include cervical radiculopathy, cervical pain, cervical spondylosis, and shoulder pain. The injured worker's prior treatments include cervical epidural steroid injection that was done on 01/17/2014 with an 80% reduction in pain as well as medications and a neck pillow. The pertinent diagnostics include had an epidurogram in 10/2013. The injured worker complained of pain to her right shoulder, increased neck pain radiating from neck down both arms. The injured worker complained of pain and rated it at 9/10 without medication. Physical examination dated 06/05/2014 motor strength testing was limited by pain. Motor strength of the finger flexors, grips, wrist extensors and elbow flexion was 5-/5 on both sides was 5-/5 on both sides. Light touch sensation was decreased over the thumb lateral forearm the C6 and C8 upper extremity dermatomes on both sides. The injured worker's medications were Wellbutrin XL 150 mg, Butrans 5 mcg/hr patch, Flector 1.3% patch, gabapentin 300 mg, and oxycodone hydrochloride 5 mg. The injured worker's treatment plan from the provider was the request to repeat a cervical epidural steroid injection to address increased neck and radiating arm pain, to continue the Butrans 5 mcg patch weekly for long acting pain control, and to continue Flector patch for inflammation and pain. The rationale for the request was the injured worker started complaining of gradually returning neck pain that radiated to her arms. The Request for Authorization form dated 12/16/2013 was provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical Epidural Steroid Injection C7-T1: 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 Injection Page(s): 46.

**Decision rationale:** The request for cervical epidural steroid injection C7-T1 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on a magnetic resonance imaging (MRI). The guidelines also recommend that the injured workers be initially unresponsive to conservative care. There is a lack of documentation of radiculopathy on the most recent physical exam. There was decreased light touch sensation over the thumb and lateral forearm in the C6 and C8 upper extremity dermatomes on both sides. However, there is no documentation of conservative care directed towards the cervical and thoracic spine. The guidelines also state that a second epidural steroid injection is not recommended unless there is adequate response to the first injection to include at least 50% pain relief with associated reduction of medication use for 6-8 weeks. On 01/17/2014, the injured worker underwent a procedure for a cervical epidural injection at the C7-T1 level. It is documented that in the 02/2014 follow-up visit the injured worker reported 80% improvement of her pain symptoms. However, the clinical information provided did not indicate the length of time the injured worker experienced the 80% reduction in pain and did not document the ability to decrease medications as a result of the injection to meet guideline criteria for a repeat injection. As such, the request for cervical epidural steroid injection C7-T1 is not medically necessary.