

<b>Case Number:</b>	CM14-0070095		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 40 year old man with a work-related injury dated 3/14/03 resulting in chronic pain. He was seen by the orthopedic provider on 5/2/14 and at that time the documentation supports, that he had chronic neck pain with radiation to bilateral arms and low back pain radiating to the legs. He is status post C3 to C4 fusion in 2004. The pain is described as itching, burning, numbing and tingling with a level of 5/10. The exam shows a normal gait, mild spasm of the cervical muscles, the motor function and reflexes are intact. The diagnosis includes; degenerative disc disease of the C-spine, cervical radiculopathy and spondylosis without myelopathy. Under consideration is C6-7 interlaminar epidural steroid injection with moderate sedation and under fluoroscopic guidance. This procedure was not medically necessary during the utilization review dated 5/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-7 interlaminar epidural steroid injection, moderate sedation and fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

**Decision rationale:** According to the MTUS Epidural Steroid Injection (ESI) is recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Most current guidelines recommend no more than two ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. ESI injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including; continuing a home exercise program. Criteria for the use of ESI is; Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Injections should be performed using fluoroscopy for guidance, and 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. There is no more than two nerve root levels should be injected at one session. 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. Current research does not support, "series-of-three" injections in either the diagnostic or therapeutic phase. In this case the documentation does not support that the patient has met criteria for ESI. The physical exam does not show neurologic deficits consistent with radiculopathy. There aren't any electro diagnostic testing to confirm radiculopathy. The use of C6-7 interlaminar ESI is not medically necessary. Therefore since the ESI is not medically necessary the use of moderate sedation and fluoroscopic guidance is not medically necessary as well.