

<b>Case Number:</b>	CM14-0078801		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 & 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:

This is 41 year old male injured worker with date of injury 3/14/03 with related neck, and low back pain. Per progress report dated 6/12/14, the injured worker complained of pain in the left neck with radiation to the left arm, hand, and lateral fingers, as well as down the right arm. He rated his pain 6/10 in intensity. Pain was described as constant, aching, stabbing, numbing, and tingling. Per physical exam of the cervical spine, mild spasm, facet and paracervical tenderness were noted. He had decreased sensation to light touch on the lateral arm and throughout his hands bilaterally. He was not on pain medication at the time of exam, as he was a truck driver and did not want to be on any medication that could cause sedation. He was working full time. MRI of the cervical spine dated 8/20/13 revealed moderate generalized disc bulging at C6 and C6-C7 and mild to moderate generalized disc bulging at C2-C3, slightly greater centrally and on the right. There was no focal disc protrusion or significant spinal stenosis identified. He was status post C3-C4 ACDF in 2004. Treatment to date has included physical therapy, injections, and medication management. The date of UR decision was 5/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar Epidural Steroid Injection at C6-7 with moderate sedation and fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** Per the MTUS CPMTG 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. The MRI findings documented do not demonstrate findings consistent with radiculopathy at the requested level. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. The injured worker was only noted to have mild sensation deficit about the lateral arms and hands. There was no documentation of weakness or reflex deficit. As the first criteria is not met, the request is not medically necessary.