

<b>Case Number:</b>	CM14-0086692		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/21/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Management and is licensed to practice in Tennessee. 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 54-year-old male who has submitted a claim for cervical strain, status post cervical discectomy and fusion C4-7 with residual C6-7 pseudoarthrosis, left shoulder sprain with left shoulder impingement and adhesive capsulitis, chronic lumbar strain, right knee with anterior knee pain syndrome, prior left shoulder repair 2003, right ulnar styloid fracture, sprain of left wrist, and rheumatoid arthritis multiple joints associated with an industrial injury date of 12/21/2006. Medical records from 11/07/2013 to 08/13/2014 were reviewed and showed that patient complained of neck pain graded 8-9/10. The pain was aggravated by prolonged sitting, walking, bending, lifting, and lying down. Physical examination revealed tenderness over the occiput and cervical paraspinal muscles with significant myofascial restrictions and muscle tightness. Sensation was diminished in the C6-7 dermatome. Manual muscle testing (MMT) and deep tendon reflexes (DTRs) were normal in the upper extremities. Spurling's and Hoffman's tests were negative. Cervical spine CT scan (06/04/2014) results were 1) Anterior fusion plate C4-7; 2) Failure of disc fusion C6-7 and C7 vertebral plate screws are fractured; 3) C2-3 facet joint ankylosis; 4) rheumatoid arthritic changes at C3-4 and C4-5 facet joints. Treatment to date has included cervical discectomy and fusion C4-7 (date not made available), bilateral C2-3 and C3-4 facet injections (05/14/2013), Soma, Celebrex, Soma, Zolpidem, and Tramadol. Utilization review dated 05/28/2014 denied the request for cervical epidural steroid injections because current guidelines recommend radiculopathy to be corroborated by imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical transforaminal epidural steroid injection (ESI): Upheld**

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

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

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend epidural steroid injection (ESI) as an option for treatment of radicular pain. Most current guidelines recommend no more than two ESI injections. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; No more than two nerve root levels should be injected using transforaminal blocks; 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 recommends no more than two ESI injections. In this case, the patient complained of neck pain. Physical examination findings include normoreflexia, normal muscle strength, and hypesthesia along C6-7 dermatomal distribution. The patient's clinical manifestations were not consistent with focal neurologic deficit to suggest radiculopathy. Cervical spine computed tomography (CT) scan was done on 06/04/2014 with no evidence of radiculopathy. The guidelines state that radiculopathy must be documented with both objective findings and imaging studies in order to support ESI. The request likewise failed to specify the nerve root levels to be blocked. The guidelines do not recommend transforaminal blocks of more than two nerve root levels. Furthermore, the request did not indicate if the transforaminal ESI would be done under fluoroscopic guidance, which is recommended by the guidelines. Therefore, the request for cervical transforaminal epidural steroid injection is not medically necessary.