

<b>Case Number:</b>	CM13-0065108		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 44-year-old female reported a work-related injury on 06/03/2011. According to the Progress Report dated 11/4/13, the injured worker reported neck pain and stiffness associated with headaches and numbness and tingling in the extremities. A prior MRI of the cervical spine in 10/2013 indicated the claimant had degenerative disc changes and C2-T1 facer arthropathy with foraminal stenosis at C3-C4. An NCV in February 2013 indicated a normal bilateral sensory and motor nerve study. Previous treatments include medications, physical therapy and surgery. The treating provider requests injection: C7-T1 interlaminar epidural steroid injection under fluoroscopic guidance. The Utilization Review on 11/20/2013 non-certified the request for injection: C7-T1 interlaminar epidural steroid injection under fluoroscopic guidance, citing CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 INTERLAMINAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. In addition, the guidelines consider the ESI an option rather than a recommended necessity. Based on an essentially normal prior NCV and no findings of nerve impingement on MRI, the request for an epidural injection of C7-T1 is not medically necessary.