

<b>Case Number:</b>	CM14-0107724		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. 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: 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:

The injured worker is a 53 year old male who suffered a work related injury on 03/21/06 when while making a delivery to a store undergoing construction fell into a hole causing injury to his left wrist and low back. Per the physician notes from 03/04/14 he continues with increased lumbar spine pain, and weather radicular pain in both feet. The H-Wave helps the back pain, but not the radicular pain to the feet. His pain is low in the back and radiating into both legs. He complains of difficulty sleeping and swallowing. He state that he wakes up in the night with neck pain and will shake his hand and walk around to relieve the pain. On physical examination he has decreased range of motion of the cervical spine with pain with flexion, extension, and lateral rotation. Diagnoses include post cervical and lumbar laminectomy syndrome, cervical disc degeneration with radiculopathy, continued low back pain with decreased range of motion, insomnia, and status post lumbar spine fusion. The treatment plan included Norco, Lyrical, and Cervical epidural steroid injection at C7-T1. The epidural steroid injection was denied by the Claims Administrator on 06/10/14 and was subsequently appealed for Independent Medical 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 at C7-T1 with catheter to C5-C7 under Fluoroscopy:**  
 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): 47.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Epidural Steroid Injections as a treatment modality. These guidelines state the following: Epidural steroid injections (ESIs) 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 2 ESI injections. This is in contradiction to previous generally cited recommendations for a series of three ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, series of three. 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. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case it is unclear whether the symptoms represent radiculopathy. Further there is no MRI or electrodiagnostic studies presented to corroborate an acute cervical radiculopathy in the C7-T1 area. Finally, documentation is insufficient that the patient has had an adequate trial of conservative treatment as indicated in the above guidelines. For these reasons, Cervical Epidural

Steroid Injection at C7-T1 with Catheter to C5-7 under Fluoroscopy, is not considered as medically necessary.