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| <b>Case Number:</b>   | CM14-0185330 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 10/21/1991 |
| <b>Decision Date:</b> | 02/18/2015   | <b>UR Denial Date:</b>       | 10/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2014 |

### 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: Physical Medicine & Rehabn

### 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 53 year old female with an injury date on 10/21/91. The patient complains of constant cervical pain rated 8/10 on VAS scale, with radiation into the bilateral shoulders/upper extremities per 10/14/14 report. The patient had physical therapy which gave slight temporary relief, and chiropractic treatment which was helpful initially per 10/14/14 report. The patient's cervical pain is increased with prolonged positions/activities and improved with rest per 10/14/14 report. Based on the 10/9/14 progress report provided by the treating physician, the diagnoses are: 1. stenosis - cervical 2. cervicgia 3. degenerative disc disease - cervical A physical exam on 10/9/14 showed "C-spine range of motion is limited, with extension at 30 degrees. Bilateral shoulder range of motion is normal. Deep tendon reflexes are normal. Upper extremities are intact to light touch and proprioception in all dermatomes." The patient's treatment history includes medications, chiropractic treatment, physical therapy, and MRI/X-rays of the cervical spine. The treating physician is requesting transaminial ESI cervical at C6-7, series of 3 over a 90 day span. The utilization review determination being challenged is dated 10/23/14. The requesting physician provided treatment reports from 9/9/14 to 10/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminial ESI cervical at C6-7, series of 3 over a 90 day span: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection, criteria for the use Page(s): 45.

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

**Decision rationale:** This patient presents with neck pain. The treater has asked for transaminal ESI cervical at C6-7, series of 3 over a 90 day span on 10/9/14. Review of the reports do not show any evidence of cervical epidural steroid injections being done in the past. A cervical MRI on 9/30/14 showed that at C6-7, there is mild to moderate broad osteophytic ridging abutting but not compressing the ventral cord or exiting nerve roots. Degenerative disc dessication noted throughout the cervical spine with moderate degenerative disc height loss from C3-4 to C6-7. Small anterior marginal osteophytes noted from C3-7." Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has chronic cervical pain. A cervical MRI showed mild/moderate broad osteophytic ridging that is abutting but not compressing the exiting nerve roots at C6-7, with moderate disc height loss and small anterior marginal osteophytes at the same level. The exam findings, however, do not show evidence of any neurological deficits in the upper extremities. In addition, the request is for a series of 3 injections, while MTUS guidelines only recommend 2. MTUS also states: "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The requested cervical epidural steroid injections are not medically necessary.