

<b>Case Number:</b>	CM14-0189178		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	04/08/2002
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 injured worker is a 43 year old female with date of injury 4/8/2002. The mechanism of injury is not stated in the available medical records. The injured worker has complained of neck pain with radiation of pain to the bilateral shoulders since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: tenderness to palpation at the cervical facet joints C4-5, C5-6. Diagnoses: cervical disc disease, cervical degenerative arthritis. Treatment plan and request: Cervical Epidural Steroid Injection with Monitored Anesthesia Care and Epidurography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical ESI (Epidural Steroid Injection) With Monitored Anesthesia Care and Epidurography: Upheld**

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

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

**Decision rationale:** Per the MTUS guidelines cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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. Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, radiculopathy is not documented on physical examination nor is there corroboration by imaging studies and/or electrodiagnostic testing. On the basis of the above MTUS guidelines and available provider documentation, the request for a Cervical Epidural Steroid Injection with Monitored Anesthesia Care and Epidurography is not medically necessary.