

<b>Case Number:</b>	CM14-0190035		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 California. 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:

According to the records made available for review, this is a 49-year-old female with a 9/4/12 date of injury. At the time (9/5/14) of the request for authorization for cervical epidural steroid injection (CESI) C4-7, there is documentation of subjective (neck pain referred into his shoulders that is persistent and unremitting) and objective (restricted cervical range of movement with mild impingement on rotation and extension to the right in his neck, 4+/5 strength in his right biceps) findings, current diagnoses (cervical foraminal stenosis at C4-5 and C5-6 with cervical radiculopathy), and treatment to date (medication and a TENS unit). There is no documentation of any glaring contraindications to surgery should an ESI fail to provide durable results, subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions and imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of additional conservative treatment (activity modification and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection (CESI) C4-7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, no more than two nerve root levels to be injected in one session, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical foraminal stenosis at C4-5 and C5-6 with cervical radiculopathy. In addition, there is documentation of objective (motor changes,) radicular findings in each of the requested nerve root distributions, no more than two nerve root levels to be injected in one session, and failure of conservative treatment (medications,). However, there is no documentation of any glaring contraindications to surgery should an ESI fail to provide durable results. In addition, despite nonspecific documentation of subjective (neck pain referred into his shoulders that is persistent and unremitting) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. Furthermore, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels and failure of additional conservative treatment (activity modification and physical therapy). Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection (CESI) C4-7 is not medically necessary.