

<b>Case Number:</b>	CM14-0192367		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/14/2002
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Acupuncture and Pain Medicine 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:

This is a 61-year old female with a work related history dated September 13, 2002. The physician's visits dated October 10, 2014 and October 14, 2014 gave diagnoses of cervical radiculopathy, cervical facet arthropathy and myofascial pain. Treatment history given included physical therapy, topical pain cream, oral pain medication and anti-inflammatory medications. The worker described pain in the left upper extremity radiating down to her hand, constant in nature and had been occurring for over a year. Physical exam reflected range of motion extension 10, flexion 40, rotation 50 on both the left and right, tilt 20 on the left and right, a positive Spurling sign bilaterally, decreased sensation in the upper arm primarily the first digits of the right and left hand. Treatments requested at the October 10, 2014 were for restart of physical therapy, a home exercise program with proper posturing, medications gabapentin, Meloxicam and topical pain cream. There was also a request for an epidural of the cervical spine at the C6-C7. Based on the utilization report dated November 12, 2014, the request for a C6-C7 epidural steroid injection with volume spread to C6 was non-covered. The rationale for non-coverage given was that the medical records did not contain subjective complaints with a character description. The magnetic resonance imaging report that was submitted was more than three years old and did not describe the degree of foraminal stenosis in the cervical spine. To support medical necessity there needs to be an updated cervical magnetic resonance imaging report with more specific description of the foraminal stenosis changes. Based on this rationale the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-C7 Epidural Steroid Injection with volume spread to C6 quantity 1.00: Overturned**

**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): 46.

**Decision rationale:** Per the California MTUS Chronic Pain Medical Treatment Guidelines epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per progress report dated 10/10/14, it was noted that sensation was decreased bilaterally in the upper arm and digits which the physician correlated with C6 and C7 dermatomes. Primarily in the first 3 digits, on the right more than the left. Motor exam revealed weakness to grip on the left at 4/5 with negative Tinel's sign. Deep tendon reflexes were decreased on the left brachioradialis and triceps. MRI dated 8/11/11 revealed at C6-C7 a 1mm annular bulge with disc material, severe bilateral facet joint disease, bilateral neural foraminal stenosis. I respectfully disagree with the UR physician's assertion that the documentation did not support the request. The request is medically necessary.