

<b>Case Number:</b>	CM14-0193259		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	11/21/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/24/2014
<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 Pain Management and is licensed to practice in Georgia. 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 patient is a 51 year old female who presented with a work related injury on 11/21/2008. The patient was diagnosed with cervical degenerative disc disease; cervical disc displacement, cervical radiculopathy, lumbar disc syndrome, lumbar radiculopathy, and lumbar stenosis. The patient's medications included Motrin, and Norco. The patient complained of low back pain radiating to both lower extremities occasionally, pain radiating to the ankles bilaterally, neck pain radiating over the shoulders. According to the medical records, the physical exam remained unchanged. EMG/NCV of the upper extremities showed left cubital tunnel syndrome, mild. MRI of the cervical spine showed multiple disc protrusion, 1-2 mm as well as a 2-3 mm disc bulge at C4/5.

### 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 right C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections (ESIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

**Decision rationale:** The request for cervical epidural steroid injection at right C5-6 is not medically necessary. The California MTUS page 47 states, "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and imaging is not consistent with cervical radiculitis. Additionally, there is lack of documentation of failed conservative therapy; therefore, the requested service is not medically necessary.