

<b>Case Number:</b>	CM14-0196092		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 45-year old female with a work related injury dated April 22, 2009. The worker presented to her treating physician on October 1, 2014 with complaints of neck and bilateral upper extremity pain. Pain was rated six to seven on a scale of ten. Treatment has included multiple pain medications with current medications including Norco, orphenadrine and Toradol injections. The worker has also received acupuncture therapy, a pain support group, a foam roller, TENS unit, steroid injections and Prilosec for gastrointestinal upset. Physical examination was remarkable for gait normal without an assistive device, cervical exam with a Spurling's maneuver that produced no pain in the neck musculature or radicular symptoms in the arm, positive facet loading at the C3-C4 and C4-C5 concordant with pain. Diagnoses at this visit included brachial neuritis or radiculitis, cervicgia, other back symptoms and lumbosacral spondylosis without myelopathy. At this visit, an authorization was requested for bilateral C3-C4 and C4-C5 bilateral facet injections in order to address the back pain and facet syndrome. In the documentation that was submitted there was no reference to the request for the C6-C7 injection, all documentation reflected the C3-C4 and the C4-C5 injections. The utilization review decision dated November 30, 2014, the request for a left cervical transforaminal epidural steroid injection at the level of C6-C7. The rationale for non-coverage was based on the California MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI). The documentation that was reviewed did not support a diagnosis of radiculopathy at the C6-C7. Spurlings maneuver was negative for radiculopathy. There was also no documentation of 50 percent pain relief associated with objective functional improvement and reduction of medication used for six to eight weeks with the previous cervical ESI to warrant repeat blocks, therefore the request for left cervical transforaminal ESI did not meet medical necessity guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 left cervical transforaminal epidural steroid injection at the levels of C6-C7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient recently received cervical epidural injection without documentation of the results of this injection. In his recent request, the provider did not document any signs of radiculopathy at C6-7 levels of the requested cervical injections. There is no documentation of the efficacy of previous cervical epidural injections. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for left cervical transforaminal epidural steroid injection at the levels of C6-C7 is not medically necessary.