

<b>Case Number:</b>	CM14-0029674		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 41 year old employee with date of injury of 8/4/10. Medical records indicate the patient is undergoing treatment for multiple compression neuropathies in the right arm. She is s/p CTR and ulnar release in 01/11. Subjective complaints include cervical pain, particularly on the right side with shoulder and arm pain. She has numbness, tingling, swelling, burning with constant dull/aching, throbbing, weakness and tiring. Pain is a 4/10 on a "good" day and 8/10 on a poor day. Symptoms are worse with cold, activity, lying down and walking. Physical therapy (6 sessions) did help but her numbness, tingling and weakness continues to increase over the right upper extremity to her fingertips. Objective findings include on cervical exam her range of motion (ROM) in degrees was as follows: forward flexion, 25; right and left lateral flexion, 20; hyperextension, 50 and right and left lateral rotation 45. Her Spurling's maneuver was negative and Hoffman's sign on the right was positive. Her strength on the right was as follows: Shoulder Abd-deltoid, 4+/5; right bicep, 4+/5; right triceps, 3+/5 and right wrist extensors, right hand grip and right Interossei were all 3+/5. She had decreased sensation on the right C5, C6 and C7. Her deep tendon reflexes on upper right extremity were: right biceps, triceps and brachiordialis were all 3+. Treatment has consisted of physical therapy, psychiatry, Tramadol and Diclofenac Sodium ER. The utilization review determination was rendered on 1/27/14 recommending non-certification of a CERVICAL EPIDURAL STEROID INJECTION, C5-6, C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION, C5-6,C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , NECK/UPPER BACK ,

**MAXIMUS 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) Pain, Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that a home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, if any. MTUS further defines the criteria for epidural steroid injections to include: 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. The treating physician documents a positive Hoffman's, negative spurling, decreased right bicep reflex, decreased tricep reflex, decreased brachioradialis, and describes right hand radiculopathy in a dermatomal pattern. However, the treating physician provided no documentation of medical imaging or electro diagnostic studies to corroborate the radiculopathy. As such, the request for CERVICAL EPIDURAL INJECTION is not medically necessary.