

<b>Case Number:</b>	CM15-0101950		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/26/2000
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 52 year old male, who sustained an industrial injury on 10/26/2000. He reported neck, low back and right hip pain. The injured worker was diagnosed as having hip pain, cervical radiculopathy, cervical pain, lumbar radiculopathy, lumbar disc disorder, mood disorder, cervical disc degeneration, and lumbar facet syndrome. Treatment to date has included medications, laboratory evaluations, rotator cuff repair, lumbar surgery, x-rays, and lumbar epidurals, and cervical epidural steroid injection (9/30/2014). The request is for cervical epidural injection at bilateral C7-T1. On 3/9/2015, he complained of neck pain, low backache, and right hip pain. He rated his pain with medications as 7/10, and without medications as 0/10. He reported no new problems or side effects, and indicated his sleep quality to be poor. Physical findings revealed no cervical lordosis, asymmetry or abnormal curvature of the cervical spine. His range of motion of the cervical spine is restricted with: extension 20 degrees, lateral rotation to the left 50 degrees, and lateral rotation to the right 50 degrees, and normal flexion. He is noted to have muscle spasms and tenderness of the neck region, and positive Spurling's maneuver and cervical facet loading. The records indicated he had a cervical epidural injection on 9/30/2014, which decreased his pain from 10/10 to 7/10. The treatment plan included: repeat cervical epidural steroid injection, and rotator cuff surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical epidural injection C7-T1, both sides: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents on 05/14/15 with unspecified pain rated 6/10 with medications, 9/10 without medications. The patient's date of injury is 10/26/00. Patient is status post lumbar decompression surgery at an unspecified level in 2004, and right hip replacement in January 2005. The request is for Cervical Epidural Steroid Injection C7-T1, both sides. The RFA is dated 05/18/15. Physical examination of the cervical spine dated 05/14/15 reveals tenderness to palpation and spasm of the cervical paraspinal muscles with spasms noted, restricted range of motion on lateral rotation, and positive cervical facet loading bilaterally. Spurling's maneuver is noted to produce pain in the muscles of the neck without radicular symptoms, and biceps/triceps/brachioradialis reflexes are noted to be 50 percent diminished bilaterally. Neurological examination reveals decreased sensation to light touch over the C8 and T1 dermatomal distributions in the right upper extremity. The patient is currently prescribed Norco, Flexeril, Ambien, Norco, Duragesic, and Lidoderm patches. Diagnostic imaging was not included, though 05/14/15 progress note references cervical MRI dated 02/22/05 as showing: "Diffuse degenerative disc changes throughout the cervical spine with multilevel mild to moderate cervical spondylosis. No evidence of cervical cord compression, mild to moderate multilevel foraminal stenosis. Overall findings have not changed significantly compared to the previous study." Patient is currently classified as temporarily totally disabled (duration unspecified). MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 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." 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. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the treater is requesting a repeat cervical ESI targeted at C7-T1 level. While this patient presents with chronic neck pain possessing a neurological component on the right side in the C8/T1 dermatomal distribution, there is no documentation that there is any pain which radiates into the upper extremities. This patient underwent a cervical ESI at the same levels on 09/30/14, reporting a reduction in pain from 10/10 to 7/10, though the duration of relief is not specified. MTUS guidelines indicate that repeat cervical ESIs are contingent on documented pain reduction of at least 50 percent lasting six to eight weeks. In this case, the previous injection resulted in only 30 percent reduction lasting an unspecified duration of time. While this patient presents with significant pain complaints unresolved by other interventions, MTUS guidelines also state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. Given the insufficient evidence of the prior efficacy of cervical ESIs, and the lack of firm guideline support for such procedures, the request cannot be substantiated. Therefore, the request is not medically necessary.