

<b>Case Number:</b>	CM15-0105944		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female who sustained an industrial injury on 06/05/2009. Treatment provided to date has included: physical therapy, injections, right shoulder/clavicle surgery, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine (02/03/2015) showing disc spur complexes with slight cord effacement and mild spinal canal narrowing. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/06/2015, physician progress report noted complaints of neck pain with radiation into both (left worse than right) shoulders, arms and hands. Pain is rated as 8 (0-10) and described as radiating, stabbing, shooting, tingling, aching, cramping, numbing, soreness, sharp dull, tight, intense, annoying, severe and constant. Additional complaints include chronic intermittent headaches, and numbness in the hands. It was reported that the injured worker had previously undergone cervical injections (last injections 3 years earlier) which provided some benefit. Current treatments include medications. The physical exam revealed normal range of motion in the cervical spine, cervical facet tenderness on the left, and tenderness in the trapezius bilaterally, diffuse low back tenderness. The provider noted diagnoses of radiculopathy/neuropathy of the cervical spine, myalgia and myositis, and cervical degenerative disc disease. Due to increasing pain, the injured worker agrees to the plan for cervical epidural steroid injections. Plan of care includes 3 cervical epidural steroid injections at C4-5 and C5-6 with fluoroscopic needle guidance/placement. The injured worker's work status temporarily totally disabled. Requested treatments include 3 cervical epidural steroid injections at C4-5 and C5-6 with fluoroscopic needle guidance/placement.

## 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 C4-C5 and C5-C6 with fluoro needle placement x 3:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI 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 offers no significant long-term functional benefit. 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. In this case, the claimant did have a prior MRI, which showed nerve root effacement. Clinical findings did not indicate radicular findings. The 3 CESI requested exceeds the limit of 2 in the guidelines. The exam findings and excessive amount do not support the medical necessity of a Cervical ESI.