

<b>Case Number:</b>	CM15-0136015		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old male who sustained an industrial injury on 10-25-2000. The diagnosis is cervicgia. In an office visit note dated 4-19-15, the treating physician reports average pain level in the last week was rated at 4 out of 10, with the worst being 6 and sleep disturbance was rated at 3 out of 10. The percentage of improvement that pain medications are providing is 75. The injured worker has chronic cervical pain. He continues to have neck pain, which can refer into the right upper extremity. He takes Norco, 3 to 4 a day, sometimes 5 at 5mg strength and Ibuprofen 800mg twice a day for inflammation. A urine drug screen done 1-5-15 was inconsistent and then re-analyzed and the result was noted as ok. Prior treatment noted includes chiropractics, injections, medications, and home exercise. He does some home exercises. He is employed. He has had good prior responses to cervical epidural steroid injections and they have afforded him several months of benefit in the past with him being able to get by with medication and manage his day-to-day activities including employment with less discomfort. The neck pain is referring into the right upper extremity and is associated with headaches. The requested treatment is a Cervical Interlaminar Epidural Steroid Injection at the C7-T1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cervical interlaminar epidural steroid injection at C7-T1 level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. MRI of the cervical spine dated 4/29/04 showed large right paracentral broad-based extrusion at C2-C3. Per progress report dated 1/5/15, the injured worker reported 1.5 weeks of improvement with the most recent cervical epidural steroid injection. The criteria for repeat injection is not met. Furthermore, above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. It was only noted that upper extremity DTRs were symmetrically diminished. Imaging study did not corroborate radiculopathy at the requested level. As the criteria is not met, the request is not medically necessary.