

<b>Case Number:</b>	CM15-0149789		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

This 54 year old female sustained an industrial injury to the neck on 7-1-02. Previous treatment included cervical fusion, epidural steroid injection and medications. Magnetic resonance imaging cervical spine (12-13-14) showed reversal of cervical lordosis with multilevel disc protrusion, foraminal narrowing and osteophyte formation. In a PR-2 dated 7-2-15, the injured worker complained of continuing neck pain with radiation to bilateral upper extremities. The injured worker reported that recent cervical spine epidural steroid injection (5-4-15) reduced her pain by more than 70% for over eight weeks. The injured worker reported that her pain was now beginning to increase to 50% due to the repetitive hand motion required in her job. The injured worker stated that she did not take medications throughout the day due to daytime somnolence. Physical exam was remarkable for cervical spine with some tenderness to palpation in the paraspinal musculature with taut muscle bands and light spasms on the right trapezius with positive Spurling's test, improved range of motion and mild hyperesthesia at the right C4-5 distribution. Current diagnoses included cervical post-surgical syndrome, right C5-6 radiculitis, adjacent level disc disease at C5-6 and myofascial pain syndrome. The treatment plan included requesting authorization for repeat cervical spine epidural steroid injections at C5-6 and C6-7 and continuing medications (Celebrex and Flexeril).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat CESI to left C5-C6, C6-C7:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**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 researches does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker previously underwent cervical epidural steroid injection 5/4/15 which provided more than 70% pain relief for over 8 weeks. Per progress report dated 7/2/15, the injured worker was able to reduce her medication usage, and on this date no refills were required. With regard to function, the injured worker was able to continue working full-time as a court reporter. I respectfully disagree with the UR physician's assertion that the documentation did not support repeat injection. The request is medically necessary.