

<b>Case Number:</b>	CM15-0162286		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/15/2004
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Emergency Medicine

### 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 sustained an industrial injury on May 15, 2004. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included cervical epidural injection, medications, x-rays and surgery. Currently, the injured worker complains of continued neck pain and headaches. She also reports intermittent stabbing pain that goes down her arms and pain between her shoulder blades that is increased with certain neck movements. The injured worker is currently diagnosed with cervicalgia, cervical radiculopathy and cervical spondylosis. Her work status is temporary total disability. A progress note dated July 10, 2015, states the injured worker experienced efficacy from the cervical epidural that reduced her pain by 50% for approximately six weeks. The note also states the injured worker is receiving pain relief from Lidoderm patches, Gabapentin and Vicodin. A cervical epidural steroid injection (with sedation) at C4-C7 is requested to relieve pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C7 CESI (Cervical Epidural Steroid Injection) with sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), epidural injections.

**Decision rationale:** The requested C4-C7 CESI (Cervical Epidural Steroid Injection) with sedation is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat 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". Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), epidural injections, note: "Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit". The injured worker has continued neck pain and headaches. She also reports intermittent stabbing pain that goes down her arms and pain between her shoulder blades that is increased with certain neck movements. The treating physician has documented that the injured worker experienced efficacy from the cervical epidural that reduced her pain by 50% for approximately six weeks. However, the treating physician has not documented current exam with diagnostic corroboration evidence of radiculopathy. Furthermore, the most recent ODG Guidelines do not recommend cervical epidural injections. The criteria noted above not having been met, C4-C7 CESI (Cervical Epidural Steroid Injection) with sedation is not medically necessary.