

<b>Case Number:</b>	CM15-0163135		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	12/19/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/11/2015
<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: 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 57-year-old male who sustained an industrial injury on December 19, 2014 resulting in radiating neck pain. Diagnoses include cervical spondylosis, and spinal stenosis. Documented treatment has included use of a TENS unit, heat, ice which is stated to provide some relief from pain, and medication including Hydrocodone-Tylenol, Diclofenac, and Cyclobenzaprine. The injured worker continues to present with neck pain radiating into both of his shoulders. The treating physician's plan of care includes cervical epidural injection with fluoroscopic guidance, 2 additional levels, and cervical epidurogram. Current work status is with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection with fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injection Page(s): 46-47.

**Decision rationale:** The current request is for Cervical Epidural Steroid Injection with fluoroscopic guidance. The RFA is dated 08/04/15. Treatment history included left shoulder surgery on 09/05/15, TENS unit, heat and ice, work modification and medication including Hydrocodone-Tylenol, Diclofenac, and Cyclobenzaprine. The patient has returned to work in a modified capacity. 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." Per report 07/24/15, the patient presents with neck pain radiating into both the shoulders. Physical examination revealed tenderness in the cervical paraspinal muscles bilaterally, with decreased ROM. Reflexes were normal and sensory and motor examination in the upper extremities were non-focal. The treater states he apparently has cervical spinal stenosis at mid to upper part of the cervical spine. Given the fact that he has been symptomatic for more than 1 year, has not responded to conservative measures and the pain interferes with his ability to conduct activities of daily living and work, I believe a cervical epidural steroid injection is initiated. There is no RFA included in the medical file. In an appeal letter dated 09/08/15, the treater discusses an MRI dated 01/14/15 which showed mild to moderate stenosis at C4-5 and mild stenosis at C3-4, C5-6 and C6-7. Although the treater references an MRI, no imaging studies are provided for review. In this case, physical exam findings show no neurologic deficits in this patient. The physical examination findings do not corroborate MRI findings to warrant an ESI. In addition, MTUS guidelines state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. The request is not medically necessary.

**Each Additional Level x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injection Page(s): 46-47.

**Decision rationale:** The current request is for Each Additional Level x2. The RFA is dated 08/04/15. Treatment history included left shoulder surgery on 09/05/15, TENS unit, heat and ice, work modification and medication including Hydrocodone-Tylenol, Diclofenac, and Cyclobenzaprine. The patient has returned to work in a modified capacity. 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." Per report 07/24/15, the patient presents with neck pain radiating into both the shoulders. Physical examination revealed tenderness in the cervical paraspinal muscles bilaterally, with decreased ROM. Reflexes were normal and sensory and motor

examination in the upper extremities were non-focal. The treater states he apparently has cervical spinal stenosis at mid to upper part of the cervical spine. Given the fact that he has been symptomatic for more than 1 year, has not responded to conservative measures and the pain interferes with his ability to conduct activities of daily living and work, I believe a cervical epidural steroid injection is initiated.? There is no RFA included in the medical file. In an appeal letter dated 09/08/15, the treater reiterates the request for "each additional Level x2," but does not elaborate on exactly which "additional level" he is requesting. Physical exam findings show no neurologic deficits in this patient and MTUS guidelines state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. In this case, given that the patient does not meet the indication for a CESI, the requested additional level injections are not necessary. This request is not medically necessary.

### **Cervical Epidurogram x1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/10319985> Epidurography and therapeutic epidural injections: technical considerations and experience with 5334 cases.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injection Page(s): 46-47.

**Decision rationale:** The current request is for cervical epidurogram x1. The RFA is dated 08/04/15. Treatment history included left shoulder surgery on 09/05/15, TENS unit, heat and ice, work modification and medication including Hydrocodone-Tylenol, Diclofenac, and Cyclobenzaprine. The patient has returned to work in a modified capacity. 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." Per report 07/24/15, the patient presents with neck pain radiating into both the shoulders. Physical examination revealed tenderness in the cervical paraspinal muscles bilaterally, with decreased ROM. Reflexes were normal and sensory and motor examination in the upper extremities were non-focal. The treater states "he apparently has cervical spinal stenosis at mid to upper part of the cervical spine. Given the fact that he has been symptomatic for more than 1 year, has not responded to conservative measures and the pain interferes with his ability to conduct activities of daily living and work, I believe a cervical epidural steroid injection is initiated. There is no RFA included in the medical file. In an appeal letter dated 09/08/15, the treater discusses an MRI dated 01/14/15 which showed mild to moderate stenosis at C4-5 and mild stenosis at C3-4, C5-6 and C6-7. He also elaborates on the requested epidurogram and states "is definitely required" as it allows the physician to assess that the epidural administered has accurate delivery to the source of pain". In this case, given that the patient does not meet the indication for a CESI, there would be no need for an epidurogram. This request is not medically necessary.