

<b>Case Number:</b>	CM15-0165764		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	01/19/2001
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 49-year-old female who sustained an industrial injury on 01-19-01. Initial complaints and diagnoses are not available. Treatments to date include medications, cervical epidural steroid injections, cervical fusion, and trigger point injections. Diagnostic studies include electro diagnostic studies and MRIs of the cervical spine and right shoulder. Current complaints include unspecified pain. Current diagnoses include cervical post laminectomy syndrome, shoulder and cervical pain, and muscle spasm. In a progress note dated 07-13-15, the treating provider reports the plan of care as a cervical epidural steroid injection and continued unspecified medications. The requested treatment includes a cervical epidural steroid injection at C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-7 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** The 49-year-old patient complains of neck pain, lower back pain, and right shoulder pain, rated at 6/10 with medications and 8/10 without medications, as per progress report dated 08/10/15. The request is for C6-7 EPIDURAL STEROID INJECTION. The RFA for this case is dated 08/10/15, and the patient's date of injury is 01/19/01. Diagnosis, as per progress report dated 08/10/15, included shoulder pain, cervical pain, spasm of muscle, and cervical post-laminectomy syndrome. Medications included Omeprazole, Duragesic patch, Neurontin, Ultram and Wellbutrin. The patient is status post anterior cervical fusion from C3 to C6 in 2001 with questionable C5-6 fusion, as per progress report dated 06/23/08, reviewed in progress report dated 08/10/15. The patient is not working, as per the same report. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI 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." MTUS Guidelines, Epidural Steroid Injections section, page 46 clearly states: "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The treater is requesting for a cervical epidural injection "before surgery," as per progress report dated 07/13/15. In progress report dated 06/15/15, the treater states "Stenosis seen at C67, and correlating weakness in right arm warrants cervical ESI at C67." CT myelogram revealed spondylosis and stenosis at C4-5, C5-6, and C6-7, along with solid fusions, as per the same progress report. MRI of the cervical spine, dated 09/25/14, revealed moderate bilateral neural foraminal narrowing at C6-7. However, EMG/NCV, dated 03/13/15, was normal. Physical examination, as per progress report dated 08/10/15, revealed painful Spurling's maneuver without radicular symptoms. In the same report, the treater states that prior cervical epidural provided "excellent relief. Lasting 3 months > 50%." The report, nonetheless, does not document the date of the prior procedure and levels that were injected. Additionally, the treater does not discuss the impact of prior CESI on the patient's function and medication use. Given the lack of relevant documentation, the request IS NOT medically necessary.