

<b>Case Number:</b>	CM15-0180558		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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

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 35 year old female who sustained an industrial injury on 7-6-2012. A review of medical records indicated the injured worker is being treated for herniated cervical disc with radiculitis-radiculopathy, right greater than left, right shoulder tendinitis impingement, SLAP, positive MRI for labral tear, right elbow ulnar nerve entrapment rule out lateral epicondylitis, right wrist sprain strain, internal derangement, and right hand tendinitis, carpal tunnel syndrome. Medical record dated 7-22-2015 noted pain in the neck with radicular symptoms into the right and left arm. Symptoms were aggravated by lifting. Physical examination noted cervical range of motion as forward flexion at 50 degrees, extension at 50 degrees, rotation right at 65 degrees, and left 65 degrees, lateral bending right at 30 degrees, and left at 30 degrees. There was tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. Treatment has included physical therapy, acupuncture, and chiropractic care with transient relief. Utilization review form dated 8-27-2015 non-certified cervical epidural steroid injection C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at C6/C7: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The 35 year old patient complains of pain in the cervical spine with radicular symptoms into the right arm and left arm along with headaches, as per progress report dated 07/22/15. The request is for CERVICAL EPIDURAL STEROID INJECTION AT C6/C7. There is no RFA for this case, and the patient's date of injury is 07/06/12. Diagnoses, as per progress report dated 07/22/15, included herniated cervical disc with radiculitis or radiculopathy, right shoulder tendinitis impingement, SLAP, right shoulder ulnar nerve entrapment, right wrist sprain/strain and internal derangement, right hand tendinitis, and carpal tunnel syndrome. Medications included Ultram, Voltaren, Prilosec and Flexeril. The patient is temporarily totally disabled, as per progress report dated 07/22/15. The MTUS chronic pain Guidelines 2009 has the following regarding ESI under Epidural Steroid Injections (ESIs) section, page 46 and 47, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back & Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the progress reports do not document prior ESI to the cervical spine, although the injection was requested in the past as per AME report dated 05/13/15. The current request of C6-7 ESI for pain management purposes and to increase functional capabilities is noted in progress report dated 07/22/15. The treater states that the patient has failed conservative care in terms of physical therapy, acupuncture, chiropractic care, anti-inflammatory medications, and pain medications. Physical examination of the cervical spine revealed paraspinal tenderness, reduced range of motion, and signs of radicular irritability. The foraminal compression test was positive as well. The Spurling's test was positive, as per progress report dated 06/10/15. MRI of the cervical spine (date of the procedure not available), as per progress report dated 07/22/15, revealed degenerative herniated disk disease with herniated nucleus pulposus at C6-7. EMG/NCV (date of the procedure not available), as per progress report dated 07/22/15, revealed radicular findings. Given the radicular symptoms and corroborating diagnostic evidence, the request for ESI appears reasonable and IS medically necessary.