

<b>Case Number:</b>	CM15-0184970		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/18/2015
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 25 year old male who reported an industrial injury on 3-18-2015. His diagnoses, and or impressions, were noted to include: severe lumbar stenosis at lumbar 4-5 per magnetic resonance imaging studies; and severe cervical 5-6 foraminal stenosis. Recent magnetic resonance imaging studies of the cervical and lumbar spine were done on 8-15-2015, noting abnormal findings; and computed tomography of the orbits was done on 8-14-2015. His treatments were noted to include: medication management with the stopping of opioid medications, by the pain management specialist, on 7-15-2015, and rest from work. The pain management progress notes of 8-19-2015 reported: lifting heavy metal, injured low back and cervical spine; and prescription with medications and 8 physical therapy visits. The objective findings were noted to include: results of cervical and lumbar spine x-rays, noted to be within normal limits; decreased lumbar and cervical range-of-motion, with severe spasms; positive Spurling's in the bilateral arms; decreased sensation in cervical 5-6; positive bilateral straight leg raise; and decreased sensation in the lumbar 5-sacral "21". The physician's requests for treatment were noted to include epidural steroid injection. The Request for Authorization, dated 9-1-2015, was noted for cervical epidural steroid injection, x 1, cervical 5-6 for C 6 radiculopathy and stenosis. The Utilization Review of 9-15-2015 non-certified the request for cervical epidural steroid injection at cervical 5-6.

## 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 C5-6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, under Cervical ESI.

**Decision rationale:** This claimant was injured in March with a back and neck injury. There is positive Spurling in both arms, decreased C5-6 sensation. X-rays are normal. There is degenerative cervical 5-6 foraminal stenosis. The current California web-based MTUS collection was reviewed in addressing this request. They do not specifically isolate the neck area for these injections. The ODG and other sources simply as of late do not support cervical ESI. Per the ODG:1. Recent evidence: ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) 2. An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) 3. According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) Based on evidence-based review, the request is not medically necessary.