

<b>Case Number:</b>	CM15-0185620		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female, who sustained an industrial injury on 4-11-2010. The injured worker was diagnosed as having cervicalgia, cervical spondylosis without myelopathy, brachial neuritis or radiculitis, not otherwise specified, other syndromes affecting the cervical region, and unspecified myalgia and myositis. Treatment to date has included diagnostics, unspecified epidural steroid injections, physical therapy, chiropractic, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of significant increased neck pain radiating to her bilateral upper extremities. Her work history noted "currently employed." The treating physician documented that she was status post cervical epidural steroid injection in January-February 2013 "with an overall 70% decrease of neck pain and 75 to 80% decrease in arm pain." Procedure report(s) for epidural steroid injections were not submitted. A progress report dated 1-27-2011 noted "still complaining of moderate to severe pain in the neck and low back with radicular complaints", noting that "she had three epidurals and did not respond". She also had severe low back pain with radiation to the lower extremities. Pain was rated 8 out of 10 with medication use and 9 without (rated 5 with medication and 10 without on 5-14-2015). Medications included Percocet, Gabapentin, and Savella. Exam of the cervical spine noted tenderness to palpation C3-7, positive facet loading, triggering and spasm, and decreased and painful range of motion. Motor and sensory exams were not documented. It was documented that magnetic resonance imaging of the cervical spine (5-2012) showed C5-6 annular fissuring-central disc herniation with no impaction on the thecal sac or spinal cord. It was documented the electromyogram and nerve conduction studies (7-2010) showed mild left carpal tunnel syndrome and moderate right carpal tunnel syndrome. The treatment plan included a cervical epidural steroid injection C5-6 and C6-7, non-certified by Utilization Review on 8-24-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CESI (Cervical Epidural Steroid Injection) C5-C6 and C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Updated 06/25/15. Epidural Steroid Injections (ESIs).

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

**Decision rationale:** Accordingly to the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a series of three ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. See also Epidural steroid injections, series of three. Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 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. According to the documents available for review, the IW does not have physical exam findings, and pain complaints that are corroborated by imaging studies and as required by the MTUS above. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.