

<b>Case Number:</b>	CM15-0188970		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 10-21-14. She is diagnosed with cervical radiculopathy. Her work status is modified duty. A note dated 8-28-15 reveals the injured worker presented with complaints of constant neck pain described as dull, sensitive skin, stabbing, weakness and muscle spasms and is rated at 3-5 out of 10. The pain is increased by reaching overhead, brushing teeth and using her arms stretched out and is relieved by lying down, medication, ice and hot tub soaks. Her ability to engage in activities of daily living is decreased such as gardening, doing dishes, cooking, chopping vegetables, read books, camping and kayaking. A physical examination dated 8-28-15 revealed bilateral tenderness and spasms of the cervical and trapezius muscles. There is decreased range of motion in the cervical spine. Treatment to date has included cervical epidural steroid injection (8-20-15), physical therapy (mild improvement after 12 sessions), acupuncture, chiropractic care (increased her symptoms), heat therapy and non-steroidal anti-inflammatory medications (caused nausea), per physician note dated 8-28-15. Diagnostic studies to date have included MRI (1-2015), which revealed left paracentral disc protrusion at C5-C6 with mild narrowing of left neural foramen and posterior disc protrusion at C6-C7 with not significant neural compromise and cervical spine x-ray (1-2015), which revealed cervical spine disc degeneration at C5-C6 and C6-C7, per physician note dated 9-11-15. A request for authorization dated 9-15-15 for cervical epidural injection with catheter guidance to the right side is denied, per Utilization Review letter dated 9-22-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection with catheter guidance to the right side:** Upheld

**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 California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. The provided clinical documentation for review does not show that previous ESI has produced 50% pain reduction lasting 6-8 weeks with decrease in medication usage. Therefore the request is not medically necessary.