

<b>Case Number:</b>	CM15-0191198		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/31/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Pennsylvania

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 52 year old female, who sustained an industrial injury on 1-31-15. The injured worker is being treated for neck pain. Cervical (MRI) magnetic resonance imaging revealed degenerative disc disease with stenosis. Treatment to date has included physical therapy (didn't provide much relief), over the counter pain medications, Flexeril 10mg and Norco 10-325mg, home exercise program and activity modifications. Currently, the injured worker complains of worsening neck pain and numbness and at times right grip issues. She is not working. Physical exam performed on 8-28-15 revealed mild cervical tenderness, mild right grip weakness, decreased right 5-6 sensation and normal gait. On 9-4-15, a request for authorization was submitted for cervical epidural steroid injection. On 9-15-15 request for cervical epidural steroid injection was non-certified by utilization review.

### 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) at C4-C7: 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/Epidural Steroid Injections.

**Decision rationale:** According to the ODG, epidural steroid injections are, "not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit." It is stated that, "The American Academy of Neurology 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." It is also stated, "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) In this comparative-effectiveness study, no significant differences were found between ESI and conservative treatments." Even if there were an exception in this case to provide epidural steroid injection, the request does not meet the criteria listed in the ODG including no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Furthermore, an additional criteria based on level of risk that applies in this case is that ESI's are not recommended higher than the C6-7 level. This worker has documented radiculopathy but the documentation lacks physical evidence of radiculopathy at all the levels requested which is another criteria that is not met in this case. Therefore, the request is not medically necessary.