

<b>Case Number:</b>	CM15-0194360		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Arizona, California

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:

This is a 61-year-old female with a date of industrial injury 2-4-2013. The medical records indicated the injured worker (IW) was treated for cervical disc herniation; cervical radiculitis-radiculopathy, upper extremities; and cervical paraspinal muscle spasms. In the progress notes (7-9-15), the IW reported neck pain rated 3 out of 10; she denied radicular symptoms. She reported moderate improvement in cervical spine symptoms after the 6-3-15 cervical epidural steroid injections. The provider noted that medications were helpful for the pain and the IW was able to perform activities of daily living. Since the last exam, the IW's function was stated to be improved moderately with increased mobility, decreased pain frequency and intensity and decreased medication intake; no further details were given. Medications were Tramadol and Naproxen. On examination (7-9-15 notes), she was alert and oriented and in mild distress. She had difficulty rising from a seated position, but moved about without difficulty. Treatments included trigger point injections; physical therapy and acupuncture with limited improvement; cervical epidural steroid injection at C6-T1 on 6-3-15, decreasing neck pain from 6 out of 10 to 5 out of 10 by the following day; bilateral C5 and C6 medial branch nerve blocks (10-31-14) and radiofrequency ablations of C5 and C6 (12-29-14). Electrodiagnostic testing on 4-17-15 was consistent with severe left ulnar neuropathy with exact level of entrapment not determined. The IW was on modified duty. The records did not indicate how much pain relief was gained from the injections on 6-3-15 or how long the relief lasted. A Request for Authorization was received for second cervical epidural steroid injection C6-T1 with catheter to C4-C6 under fluoroscopy guidance. The Utilization Review on 9-3-15 non-certified the request for second cervical epidural steroid injection C6-T1 with catheter to C4-C6 under fluoroscopy guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Cervical Epidural Steroid Injection C7-T1 with Catheter C4-C6 under Fluoroscopy**  
**Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Surgical Considerations, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the guidelines, ESIs are recommended for those who have physical and diagnostic findings consistent with radiculopathy. In this case, the claimant had prior RFA and MBB that are only indicated for those without radiculopathy. Subsequently, the claimant had a cervical ESI in June 2014 which had minimal relief in pain. Recent exam notes do not suggest radiculopathy. Prior EMG indicated ulnar neuropathy without specific area of involvement. The ACOEM guidelines do not support ESIs due to their short term benefit. The request for another ESI is not medically necessary.