

<b>Case Number:</b>	CM15-0199135		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Illinois

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 31 year old female injured worker suffered an industrial injury on 1-25-2011. The diagnoses included cervical foraminal stenosis with right arm radiculopathy, cervical radiculopathy and cervical facet syndrome. On 8-7-2015, the provider reported on exam there was tenderness over the anterior deltoid. There was positive cervical facet loading and positive Spurling's and tenderness over the facets of C6-7 and T1 on the right side. On 9-14-2015, the treating provider noted she held her head and neck very stiff and straight. She had some tenderness to the muscle on the right side as well as tenderness in the scapular region on the right. The provider noted the epidural steroid injection would be both diagnostic and therapeutic and would help determine if the symptoms in the right arm were related to the cervical stenosis or if it was more related to the thoracic outlet and right shoulder problem. Prior treatment included physical therapy 12 sessions. Diagnostics included cervical magnetic resonance imaging revealed progressive intervertebral degeneration at C5-6 with facet hypertrophy and foraminal stenosis on the right C5-6 and the electromyography studies dated 7-31-2015 showed evidence of denervation and re-innervation potential of the long thoracic nerve which innervated by the C5-7 nerve roots. The Utilization Review on 9-22-2015 determined non-certification for Cervical Epidural Injection at C5, C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection at C5, C6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The injured worker sustained a work related injury on 1-25-2011. The medical records provided indicate the diagnosis of cervical foraminal stenosis with right arm radiculopathy, cervical radiculopathy and cervical facet syndrome. Treatments have included physical therapy 12 sessions. The medical records provided for review do not indicate a medical necessity for Cervical Epidural Injection at C5, C6. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. Although there was documentation of Abnormal upper extremity EMG, and positive Spurling's sign and diminished upper extremity sensation in the 07/2015 report, there was no evidence of upper extremity radiculopathy findings in the subsequent reports. Also, the Official Disability Guidelines states, Epidural Steroid injection is 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. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain. The request is not medically necessary.