

<b>Case Number:</b>	CM15-0199493		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/12/2001
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/09/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old female with a date of injury on 09-12-2001. The injured worker is undergoing treatment for cervical disc disease, cervical radiculopathy at left C2 to C7 levels, cervical disc displacement and neck sprain. The physician progress note that was present and dated 03-04-2015 documents the injured worker has complaints of neck pain radiating into her left shoulder. She is having headaches, dizziness, loss of memory and difficulty concentrating due to her neck pain. She has significant pain and stiffness of the cervical spine and lumbar spine, and upper and lower extremities. There is pain with palpation to the cervical spine and restricted painful range of motion. She has a positive compression test. Active and passive straight leg raises are painful bilaterally. She has a depressive affect and mood. Her pain is increasing in severity. It is documented the injured worker received an epidural cervical injection on 05-16-2014 and it reduced her pain by 60-70%. It helped her get through the year. Epidural injections bring her pain down to a comfortable level. Her pain level is rated 8 out of 10 on the Visual Analog Scale. Treatment to date has included medications, and cervical epidural steroid injections. She received cervical epidural injections at C2-C3, C3-C4, C4-C5, and C5-C6, with intraoperative neuroplasty on 05-15-2015. There was no reflex, sensory or motor deficits documented. Medications on the date of 03-04-2015 include Percocet, Soma, Valium, Gabapentin, and Flurbiprofen 20%-Lidocaine 2.5%-Amitriptylene 5% cream, and Cyclobenzaprine 10%-Gabapentin 10% gel, and Tramadol 20% cream. On 09-09-2015 Utilization Review non-certified the request for Cervical epidural injections Left C2-C3, C3-C4, C4-C5, C5-C6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injections Left C2-C3, C3-C4, C4-C5, C5-C6: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient was injured on 09/12/01 and presents with neck pain which radiates to the left shoulder. The request is for CERVICAL EPIDURAL INJECTIONS LEFT C2-C3, C3-C4, C4-C5, and C5-C6. The RFA is dated 08/14/15 and the patient's current work status is not provided. On 05/16/14, the patient had an ESI to C2-C3, C3-C4, C4-C5, and C5-C6. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support series-of-three injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections." 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." Regarding the cervical spine, the patient has pain and tenderness with palpation, a restricted/painful range of motion, and a positive compression test. She is diagnosed with cervical disc disease, cervical radiculopathy at left C2 to C7 levels, cervical disc displacement, and neck sprain. The report with the request and the reason for the request is not provided. She had a prior ESI on 05/16/14 to C2-C3, C3-C4, C4-C5, and C5-C6, which reduced her pain by 60-70%. In this case, although the patient appears to present with radicular symptoms, there are no corroborating imaging studies showing a potential nerve root lesion to consider an ESI. Furthermore, the request is for an ESI at C2-C3, C3-C4, C4-C5, and C5-C6, which is not supported by MTUS guidelines, as MTUS supports no more than 2 levels TF ESI. The requested cervical epidural steroid injection IS NOT medically necessary.