

<b>Case Number:</b>	CM15-0204000		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	01/09/2006
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho Certification(s)/Specialty: Orthopedic Surgery

### 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 54 year old female, who sustained an industrial injury on 01-09-2006. A review of the medical records indicates that the worker is undergoing treatment for left C4-C5 and C5-C6 radiculopathy, central and left foraminal disc protrusion at C5-C6, central disc protrusion at C4-C5, cervical facet joint arthropathy and cervical sprain-strain. There were no diagnostic test results of the cervical spine submitted or discussed. Subjective complaints (07-21-2015, 08-18-2015 and 09-15-2015) included neck and left upper extremity pain. Objective findings (07-21-2015, 08-18-2015 and 09-15-2015) included restricted range of motion of the cervical spine in all directions, spasms of the left trapezius, positive Spurling's sign on the left and positive nerve root tension signs on the left. Treatment has included pain medication, at least 1 cervical epidural injection and surgery. The physician noted that authorization for repeat fluoroscopically-guided left C4-C5 and left C5-C6 cervical transforaminal epidural steroid injection was being requested. The physician noted that an epidural steroid injection on 08-01-2014 provided functional improvement as noted by an improvement of ODI scores from 26 (52% disability) to an ODI of 10 (20% disability) and 75% improvement of neck and upper extremity radicular symptoms for greater than 6 months, however there was no medical documentation submitted immediately prior to or immediately after this injection to support objective functional improvement and pain relief with the injection. A utilization review dated 10-06-2015 non-certified a request for repeat fluoroscopically guided left C4-C5 and left C5-C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat fluoroscopically guided left C4-C5 and left C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

**Decision rationale:** According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "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." Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The ODG neck section recommends repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In addition repeat injections should be based on continued objective documented pain and function response. In this case the injured worker is being treated for left sided cervical radiculopathy. The submitted documentation does not include an official radiology report of an MRI corroborating the clinical findings. In addition, there is no documentation immediately following the cervical ESI's performed in on 1/14 and 7/14 that the injured worker experienced objective functional improvements. The request does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.