

<b>Case Number:</b>	CM15-0207714		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/20/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: North Carolina

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 54 year old male, who sustained an industrial injury on 7-20-2014. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, cervicgia, cervical spondylosis, cervical disc displacement, and cervical radiculopathy at C6, C7, and C8. On 10-8-2015, the injured worker reported increased neck pain rated 6 out of 10 that radiated into the right shoulder, left shoulder, upper back, right arm, and left arm, with increased numbness and tingling. The Primary Treating Physician's report dated 10-8-2015, noted a cervical spine MRI described herniated discs at C6-C7, C5-C6, and C3- C4 with compression of the spine and nerves. The injured worker's current medications were noted to include Norco, Advil, and Tizanidine. The physical examination was noted to show the neck range of motion (ROM) limited only at the end rotation and increased subjective left neck pain with mild spasms in the PVM and trapezius with mildly reduced cervical spine range of motion (ROM). Decreased sensation to pinprick on the left C6, C7, and C8 compared to the right was noted. Prior treatments have included physical therapy, acupuncture, massage therapy, non- steroid anti-inflammatory drugs (NSAIDs), pain medication, and "CES was denied from his insurance and would like it reordered due to the significant relief he had in the past with it". The treatment plan was noted to include Norco changed from every 6 hours to every 8 hours as needed, and request for cervical epidural injection. The request for authorization dated 10-9-2015, requested cervical ESI (epidural steroid injection) with epidurogram under fluoroscopic guidance x2. The Utilization Review (UR) dated 10-20-2015, non-certified the request for cervical ESI (epidural steroid injection) with epidurogram under fluoroscopic guidance x2.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI (epidural steroid injection) with epidurogram under fluoroscopic guidance x2:** 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 California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of neck pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI as level is also not specified in request. Therefore criteria have not been met and the request is not medically necessary.