

<b>Case Number:</b>	CM15-0209652		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/20/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 07-20-2014. Medical records indicated the worker was treated for chronic pain syndrome, cervicgia, and cervical spondylosis, and cervical disc displacement, cervical radiculopathy at C6, C7, and C8. In the provider notes of 09-10-2015, the worker complained of neck and left arm pain. The pain is described as both achy and shocking and radiates down the left arm with associated numbness in the 2nd and 3rd digits. Previous treatments include acupuncture, and medications include Norco which helps manage his pain without complication, and Tizanidine which helps with his spasms for about three hours per pill. The left upper arm symptoms were relieved for almost one year with his last cervical epidural steroid injection and he would like to have it repeated.. MRI of the C-Spine (08-03-2014) show multi-level degenerative disc disease and spondylosis. On exam, the worker has limitation of motion, back pain and stiffness and neck pain. The cervical spine has increased subjective left neck pain with mild spasm. Range of motion is mildly reduced. No subluxations are present. A request for authorization was submitted for Cervical ESI with epidurogram under fluoroscopic guidance X 2. A utilization review decision 10-19-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI with epidurogram under fluoroscopic guidance X 2: 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:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. MRI of the cervical spine (date unknown) revealed cervical disc protrusions at C5-C6 and C6-C7. Per progress report dated 9/11/15, reflexes were noted to be 2/2 in the bilateral upper extremities. Sensation was intact to pin prick in extremities, decreased sensation to pinprick on the left C6, C7, and C8 compared to the left. Motor exam was within normal limits. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Furthermore, the requested two injections is not appropriate, as repeat injections rely on documentation of pain and functional improvement following initial injection.