

<b>Case Number:</b>	CM15-0020601		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Ohio, North Carolina, Virginia  
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 46 year old female who sustained a work related injury July 1, 2012. According to a physician progress report dated December 29, 2014, she presented for a follow-up with complaints of chronic neck pain radiating down her left arm, rated 7/10 and described as dull and sharp. She is currently using ibuprofen and tramadol for pain relief. Physical examination reveals tenderness to palpation of left cervical paraspinal muscles and trapezius. Cervical spine motions are accomplished without expressing any complaints of pain during maneuvers. There is no evidence of radiating pain to the upper extremities on cervical motion. There is tenderness to palpation of the left acromioclavicular joint. Phalen's and Finkelstein tests and Tinel's sign are negative. Assessment is documented as acute exacerbation of chronic left cervical radiculopathy; chronic left shoulder impingement syndrome and cervical degenerative disc disease/spinal stenosis. Treatment plan included request for authorization for cervical epidural steroid injections. Work status is modified to include a 5 minute break for every 60 minutes of keyboarding. According to utilization review dated January 6, 2015, the request for Cervical Epidural Steroid Injection C4-C5 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C4-C5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and upper back

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections, therapeutic: Note: The purpose of ESI is to reduce pain and inflammation, 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 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. (8) Repeat injections should be based on continued objective documented pain and function response. (9) 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. (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. (11) Cervical and lumbar epidural steroid injection should not be performed on the same day. In this instance, the injured worker had a cortisone injection to her left shoulder which resolved her pain by 95%. The physical examination of 3-5-2015 reveals a normal upper extremity neurologic examination. Hence, a dermatomal pattern of radicular pain /compromise is not corroborated. Therefore, cervical epidural steroid injection at C4-C5 is not medically necessary.