

<b>Case Number:</b>	CM15-0020645		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/30/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/30/2015
<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: 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 33-year-old female with a reported date of injury on 01/30/2006; the mechanism of injury was not provided for review. The injured workers diagnoses include brachial neuritis or radiculitis. Prior treatments included psychiatric care, medication, a home TENS unit, HELP program, and work restrictions. A progress note dated 01/20/2015 noted that the injured worker had subjective complaints of moderate pain to the cervical spine that radiated into the bilateral upper extremities rated 7/10. On examination of the cervical spine, it was noted the injured worker had tenderness to palpation over the C3-4, C3-4 (C4-5), C5-6, C6-7, and C7-T1 spinal segments bilaterally. It was also noted there was severe tenderness palpable over the cervical paraspinal musculature from C3-T1 bilaterally. Range of motion was restricted. A distraction test, extension compression test, and Jackson compression test were positive bilaterally. The sensory examination revealed diminished sensation along the left C5 dermatome. There was also noted to be decreased muscular strength measured 4/5 along the left C5, C7, C8, and T1 dermatomes. Under the treatment plan, it was noted that the injured worker would be a good candidate for cervical epidural steroid injection at C4-5, C5-6, C6-7, and C7-T1 as well as facet blocks bilaterally at C4-5, C5-6, and C6-7.

### 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, C5-C6, C6-C7, and C7-T1 as well as facet blocks bilaterally at C4-C5, C5-C6, and C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Neck & Upper Back Procedure summary last updated 11/18/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** In regard to the request for cervical epidural steroid injection at C4-5, C5-6, C6-7, and C7-T1, the California MTUS Guidelines state that epidural steroid injection may be recommended in patients with objective evidence of radiculopathy via physical examination that is corroborated by imaging studies and/or electrodiagnostic testing that has been unresponsive to conservative treatment to include exercise, physical therapy, NSAIDs, and muscle relaxants. In addition, the guidelines state that no more than 2 nerve levels should be injected at 1 time. The guidelines continue to state that the purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in a more active treatment program as epidural steroid injection as a treatment alone offers no significant long term functional benefits. There is a lack of unequivocal objective evidence of radiculopathy on physical examination to the C6, C7, and C8 dermatome that would support an epidural steroid injection. Additionally, there is no electrodiagnostic study or imaging studies provided that corroborate evidence of radiculopathy. Furthermore, there is a lack of evidence that the injured worker attempted physical therapy prior to consideration of this invasive treatment option. Moreover, this request is not appropriate as it includes 4 different nerve root levels. In addition, there is no indication within the documentation that an active treatment program will be used in conjunction with the requested epidural steroid injection. Therefore, the cervical epidural steroid injection at C4-5, C5-6, C6-7, and C7-T1 cannot be supported. In regard to the request for facet blocks bilaterally at C4-5, C5-6, and C6-7, the American College of Occupational and Environmental Medicine Guidelines state that facet injection of corticosteroids is of questionable merit. However, the Official Disability Guidelines state that facet joint blocks may be recommended in patients with signs and symptoms consistent with facet joint pain that is non radicular in nature and is at no more than 2 levels bilaterally and there is documentation of failure of conservative treatment to include a home exercise program, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The guidelines also state that no more than 2 joint levels should be injected in 1 session. There is a lack of evidence within the documentation that the injured worker has tried and failed an adequate amount of conservative treatment to include a home exercise program or physical therapy prior to this invasive treatment option. In addition, this request is excessive as no more than 2 joint levels should be injected in 1 session. Furthermore, the guidelines also state that facet joint injections should not be performed the same day as epidural steroid injections. Therefore, the request for bilateral facet blocks at C4-5, C5-6, and C6-7 is not supported. As such, the request for cervical epidural steroid injection at C4-C5, C5-C6, C6-C7, and C7-T1 as well as facet blocks bilaterally at C4-C5, C5-C6, and C6-C7 is not medically necessary.

