

<b>Case Number:</b>	CM15-0028638		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 65 year old male, who sustained an industrial injury on January 11, 2013. The diagnoses have included cervical central canal stenosis at C4-6 and mild left C6-7 neural foraminal stenosis. Treatment to date has included chiropractic therapy, acupuncture, medication, rest and diagnostic studies. An MRI of 7/11/13 revealed C6-C7 mild to moderate left greater than right neural foraminal stenosis and mild central canal stenosis at C4-6. Currently, the injured worker complains of reports intermittent neck pain with radiation of pain to the shoulders. He reports numbness and tingling in the right hand. On examination, the injured worker had stiffness and tenderness of the neck with painful range of motion. On January 13, 2015, Utilization Review non-certified a request for cervical epidural steroid injection #1, noting that there is no documentation of subjective and objective findings and no documentation of the specific nerve root level to be addressed and no documentation of imaging finding. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of cervical epidural steroid injection #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG criteria for the use of epidural steroid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-2, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>

**Decision rationale:** Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation, that is, pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. The ACOEM guidelines point out its use has uncertain benefits in neck pathology other than as a non-surgical treatment for nerve root compromise to clarify nerve root dysfunction prior to surgery. As per the MTUS the effects of epidural steroid injections usually will offer the patient only short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. If these other treatment modalities have already been tried and failed, use of epidural steroid injection treatment becomes questionable, unless surgery on the neck is being considered which in this case there is no documentation that that is so. The MTUS also provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination, corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. For this patient there is no documentation on examination of the radicular nature for the patient's symptoms. The MRI also does not show nerve root compression. The records do show a good response to prior physical therapy and acupuncture. At this time there are no evidence-based indications for use of epidural steroids in the treatment of this patient. Medical necessity has not been established.