

<b>Case Number:</b>	CM15-0212089		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	03/25/2003
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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, Hawaii

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:

This is a 65 year old female who sustained a work-related injury on 3-25-03. Medical record documentation on 9-8-15 revealed the injured worker was being treated for neck pain with radiation of pain to the bilateral upper extremities. She had cervical epidural steroid injection in the past, which had been helpful to her, and she had massage therapy and approval of aquatic therapy. She reported she is doing well with her opioid medications. Objective findings included a supple cervical spine with pain on palpation of the cervical intervertebral spaces and facets. She reported numbness in the hands when raising her arms above her head. Palpation of the neck and shoulder muscles was painful in multiple areas. Her cervical spine range of motion included anterior flexion to 40 degrees, extension to 60 degrees, and bilateral lateral rotation to 80 degrees. Her cervical spine was stable and the strength and tone were normal. A Spurling's test was negative bilaterally. A request for C7-T1 interlaminar epidural fluoroscopy guidance with IV sedation was received on 9-23-15. On 9-30-15, the Utilization Review physician determined C7-T1 interlaminar epidural fluoroscopy guidance with IV sedation was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 Interlaminar epidural fluoroscopy guidance with IV sedation: 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 patient presents with neck pain with radiation down the bilateral upper extremities. The current request is for C7-T1 Interlaminar epidural fluoroscopic guidance with IV sedation. The treating physician's report dated 09/08/2015 (291B) states, "The pain is located in the back and radiates to the posterior aspect of bilateral lower extremities to foot but not including the heels. The patient also has pain to her neck with intermittent radiation of pain down both arms. There is associated numbness and tingling when she raises her arms. She has had cervical epidural injection(s) in the past, which have been helpful for her." The MRI of the cervical spine dated 11/03/2003 (295B) showed: 1. There is a solid fusion extending from C6 to C7 anteriorly. A new fusion extends from C5 to C6. The bone graft in the disc space has incorporated with the adjacent vertebrae. Anterior plate with pairs of screws in C5 and C6 show no sign of displacement. 2. The disc space at C4-5 is severely narrowed; there is a 2mm retrolisthesis of C4. The finding is consistent with degenerative disc disease. The facet joints are relatively spared. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient's previous CESI did not provide at least 50% pain relief for 6 to 8 weeks. Furthermore, the MRI does not show any signs of protrusion or stenosis at C7-T1. The current request is not medically necessary.