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| <b>Case Number:</b>   | CM15-0215607 |                              |            |
| <b>Date Assigned:</b> | 11/05/2015   | <b>Date of Injury:</b>       | 12/16/2009 |
| <b>Decision Date:</b> | 12/23/2015   | <b>UR Denial Date:</b>       | 10/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/02/2015 |

### 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: Colorado

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 58 year old male, who sustained an industrial injury on 12-16-2009. Medical records indicate the worker is undergoing treatment for chronic neck pain and bilateral upper extremities dyesthesias. A recent progress report dated 9-29-2015, reported the injured worker complained of neck pain and bilateral upper extremities numbness. Physical examination revealed cervical tenderness to palpation and healed carpal tunnel incisions. Cervical magnetic resonance imaging showed a central disc extrusion at cervical 3-4 and mild canal stenosis at cervical 5-6. Treatment to date has included physical therapy and medication management. The physician is requesting cervical 7-thoracic 1 epidural with Racz Catheter at cervical 3-4. On 10-2-2015, the Utilization Review noncertified the request for cervical 7-thoracic 1 epidural with Racz Catheter at cervical 3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 epidural with Racz Catheter at C3-4: 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 Guidelines, Epidural steroid injections (ESIs) are recommended for treatment of radicular pain if conservative measures have failed. The Guidelines specify several criteria for use of epidural steroid injections, and all criteria must be met. New evidence suggests no more than 2 epidural steroid injections, not the previously recommended "series of 3." Epidural steroid injections have not been shown to provide lasting pain relief and have no proven effect on long-term function. Based on the evidence, epidural steroid injections are best used for short-term pain relief (no more than 3 months), in conjunction with other measures including continued exercise. Criteria for Use of Epidural Steroid Injection: 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. For the patient of concern, the records do not indicate that patient has radiculopathy on examination, and MRI shows no significant findings at C7-T1, they are for requested injection. Based on lack of documented radiculopathy on exam or corroboration with MRI for the level of concern, the patient does not meet criteria for epidural steroid injection, and the request for epidural steroid injection is not medically necessary.