

<b>Case Number:</b>	CM15-0218989		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	11/08/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: New Jersey

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 was a 59 year old female, who sustained an industrial injury, November 8, 2014. The injured worker was undergoing treatment for cervical radiculitis and cervicgia. According to progress note of September 17, 2015, the injured worker's chief complaint was cervical spine pain. The pain was rated at 6 out of 10. The pain was described as aching, sharp, shooting, throbbing, and tightness. The physical exam noted no abnormal curvature of the cervical spine. There were no obvious deformities. There was tenderness with palpation over the right suboccipital region, left suboccipital region, right upper cervical facets, left upper cervical facets, right mid cervical facets, left mid cervical facets. The Spurling's test was positive on the left. The range of motion noted pain with left and right lateral rotation. There was numbness of the left radial aspect of the forearm. The injured worker previously received the following treatments cervical spine MRI showed C4-C5 annular tear with 1-2mm broad based posterior disc protrusion and C5-C6 1-2mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing in the conjunction with uncovertebral osteophyte formation with bilateral nerve root compression, Vicodin was helping the pain, acupuncture, heat, exercise included walking and dancing, massage therapy, Neurontin and Naproxen. The RFA (request for authorization) dated September 17, 2015; the following treatments were requested a cervical steroid injection via catheter at bilateral C5-C6. The UR (utilization review board) denied certification on October 27, 2015; for the cervical steroid injection via catheter at bilateral C5- C6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical epidural steroid injection via catheter at bilateral C5-6: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. Upon review of the notes provided, the worker complained of neck pain with occasional radiation to both shoulders/arms, helped to some extent by the gabapentin, but still reported 6/10 VAS pain level with the addition of this medication, and was still unable to return to work do to the pain and dysfunction as a result. Recent cervical MRI showed evidence of C5-6 nerve compromise, and repeated physical findings suggested the same (numbness in forearm, decreased strength in arms, decreased reflexes in arms, positive cervical distraction test). Therefore it appears that it is appropriate to consider an epidural of the bilateral C5-6 level to help the worker reduce pain medication and possibly return to work, which was stated as the goal with this treatment. As long as the worker is willing to take on the potential risks associated with this procedure, then it is reasonable and is medically necessary.