

<b>Case Number:</b>	CM15-0224024		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Washington, 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 49 year old female who sustained an industrial injury on 05-01-2011. A review of the medical records indicated that the injured worker (IW) was undergoing treatment for right shoulder tendinitis and impingement syndrome, and cervical spondylosis without myelopathy. Treatment has included physical therapy, ice, work restrictions, and limited medications. MRI of the cervical spine (2013) showed grade I retrolisthesis at C5-6 with moderate central stenosis and moderate left neural foraminal stenosis, some mild disc space narrowing at C6-7, and some mild central stenosis at C3-4 and C4-5. Electromyography of the right upper extremity (03-25-2013) showed evidence of borderline mild ulnar mononeuropathy at the elbow but no evidence supporting cervical neuropathy or brachial plexopathy. Medical records (07-23-2015 to 10-29-2015) indicated ongoing right shoulder and neck pain with constant radiating pain into the bilateral cervicobrachial regions and into the head. Pain levels were 7 out of 10 on a visual analog scale (VAS). Records also indicated no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 10-29-2015, revealed tenderness to palpation of the bilateral cervical paraspinous musculature, and decreased range of motion in the cervical spine. Motor exam of the upper extremities was normal. The request for authorization (10-07-2015) shows that the following procedures were requested: C4-6 cervical epidural steroid injection, each additional level, cervical epidurogram and insertion of cervical catheter under fluoroscopic guidance and IV sedation. The original utilization review (10-14- 2015) non-certified the request for C4-6 cervical epidural steroid injection, each additional level, cervical epidurogram and insertion of cervical catheter under fluoroscopic guidance and IV sedation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-6 Cervical Epidural Steroid Injection, Each Additional Level, Cervical Epidurogram, Insertion of Cervical Catheter, Fluoroscopic Guidance, 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). 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.

**Decision rationale:** Epidural steroid injections (ESI) 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. It also notes that for therapeutic use of this procedure, use of repeat blocks should be based on continued objective documented pain and documentation that the prior block gave at least 50% pain relief with associated reduction in pain medication use for 6-8 weeks. The American Society of Interventional Pain Physician guidelines also recommend diagnostic and therapeutic ESI for patients with cervical radiculitis or cervical disc herniation. This patient does not meet the MTUS criteria for epidural steroid injections at levels C4-6. The signs and symptoms are non-specific, the most recent imaging study and the most recent electromyography study do not corroborate the diagnosis of radiculopathy and the prior conservative treatment, to include a course of treatment with physical therapy (helpful for shoulder) and medication (prescribed but not taken) was not effective at stopping her pain. Medical necessity has not been established, therefore is not medically necessary.