

<b>Case Number:</b>	CM15-0225608		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	06/06/2001
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 female, who sustained an industrial injury on 06-06-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, carpal tunnel syndrome, and sciatica. Medical records (04-20-2015 to 10-09-2015) indicate ongoing low back pain, neck pain and upper extremity pain. Pain levels were 10 out of 10 on a visual analog scale (VAS) without medications and 7 out of 10 with use of morphine. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-09-2015, revealed an antalgic gait, slightly decreased muscles strength in the bilateral upper extremities, restricted and painful range of motion in the cervical spine, tenderness over the cervical paravertebral and trapezius musculature with hypertonicity, and tenderness to palpation over the cervical spinous process at C4-C7. Relevant treatments have included: physical therapy (PT), spinal cord stimulator placement, lumbar epidural steroid injections, work restrictions, and medications. A CT scan of the cervical spine (10-07-2015) was available for review and showed partial ossification of the interspinous ligaments at C3-4, cervical spine straightening, mild C3-4 posterior disc for probable significant spinal or foraminal stenosis with less prominent on degenerative disc changes at C2-3 and C4-5. The PR and request for authorization (10-09-2015) shows that the following procedures were requested: cervical epidural steroid injection at C3-4 x1, each level x2, cervical epidurogram x1 with fluoroscopic guidance and IV sedation. The original utilization review (10-21-2015) non-certified the request for cervical epidural steroid

injection at C3-4 x1, each level x2, cervical epidurogram x1 with 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:

**Cervical epidural steroid injection at C3-4 x 1, each level x 2, cervical epidurogram x 1 with fluoroscopic guidance and IV sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." These guidelines regarding epidural steroid injections continue to state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states, "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Facet injections are not recommended per the Summary of Recommendations table." In this case, the exam notes from 10/9/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition, there is lack of evidence of failure of conservative care. And finally CA MTUS guidelines state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Thus, the proposed injection is not medically necessary and the determination is for non-certification.