

<b>Case Number:</b>	CM15-0225654		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/06/2015
<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 49 year old female, who sustained an industrial injury on 5-5-09. The injured worker was being treated for cervical radiculopathy, cervicobrachial syndrome, lumbosacral region radiculopathy, lumbar region radiculopathy, dorsalgia and cervical pain. On 8-21-15 and 10-16-15, the injured worker complains of neck pain with radiation to left arm and lower backache. She rates the pain 6 out of 10 with medications and 9 out of 10 without medications; she also notes poor sleep quality. She is not working. Physical exam performed on 8-21-15 and 10-16-15 revealed injured worker to be fatigued and in mild to moderate pain and tearful; tenderness to palpation of paravertebral muscles, with tight muscle band bilaterally, bilateral wrist pain and light sensation is decreased over left forearm laterally. MRI of cervical spine performed on 3-11-15 revealed C5-i6 and C6-7 mild disc degeneration, C4-5 marked left uncinated hypertrophy causing mild foraminal narrowing and moderate right facet arthropathy and C3-4 moderate left facet arthropathy causing mild foraminal narrowing. Treatment to date has included oral medications including Nucynta 75mg, Nucynta 50mg and Soma 350mg and topical Voltaren gel; physical therapy, TENS unit, traction unit, home exercise program and activity modifications. The treatment plan included request for cervical epidural steroid injection at C7-T1. On 11-6-15 request for cervical epidural steroid injection at C7i-T1 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical ESI (epidural steroid injection) at C7-T1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 that "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 8-21-15 and 10-16-15 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. 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.