

<b>Case Number:</b>	CM15-0031358		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: North Carolina  
 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 19 year old male, who sustained an industrial injury, November 10, 2011. The injured worker accidentally received an electrical shock to the left hand. The injured worker fell off a ladder, falling approximately 8 foot. The injured worker landed on the feet and low back. The injured also had pain in the left hand and left middle finger. The injured worker noted twitching and pain in the right shoulder. According to progress note of January 23, 2015, the injured workers chief complaint was neck pain with radiation down into the left arm. The injured worker received a cervical epidural injection at C6-C7 of the neck on October 23, 2014, with temporary relief. The injured worker rated the pain from the neck and right shoulder at 7-8 out of 10; 0 being no pain and 10 being the worse pain. The right shoulder remains with decreased range of motion extension 20 degrees, extension 120 degrees, abduction 120 degrees, adduction 20 degrees, external rotation 20 and internal rotation 10 degrees. The injured worker was diagnosed with right shoulder rotator cuff repair, cervical radiculopathy, cervical spondylosis, depression, difficulty sleeping, C6-C7 mild disc degeneration, C5-C6 left posterolateral 1mm disc bulging with an annular fissure. The injured worker previously received the following treatments physical therapy, arthroscopic surgery for right rotator cuff repair, lumbar spine epidural injection, Ibuprofen, Zolpidem, status post epidural steroid injection on October 23, 2014, physical therapy and MRI of the left hand. The primary treating physician requested authorization for a cervical epidural injection at C6-C7 of the neck. On January 15, 2015, the Utilization Review denied authorization for a cervical epidural injection at C6-C7 of the neck. The denial was based on the MTUS/ACOEM and ODG guidelines.

## 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 C6-7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and there by facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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 researches do not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of radiculopathy and corroboration by imaging studies. The patient had a previous epidural steroid injection however there was not a documented 50% reduction in pain with an associated decrease in medication requirements for 6-8 weeks. Therefore the request is not certified.