

<b>Case Number:</b>	CM15-0049565		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old male, who sustained an industrial injury on March 1, 2012. He has reported neck pain and right shoulder pain. Diagnoses have included cervical spine strain/sprain, and rotator cuff rupture. Treatment to date has included medications, physical therapy, shoulder surgery, cervical spine epidural steroid injection, and imaging studies. A progress note dated February 9, 2015 indicates a chief complaint of neck pain and fatigue. The treating physician documented a plan of care that included medications and repeat cervical spine epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat 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 ESI

Page(s): 46-47.

**Decision rationale:** Based on the 01/06/15 progress report provided by treating physician, the patient presents with residual cervical pain. The request is for Repeat Cervical Epidural Steroid Injection at C6/7. Patient's diagnosis per Request for Authorization form dated 02/09/15 includes cervical sprain/strain. Patient medications include Tramadol. Patient is off work, per provider report dated 12/29/14. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a, "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections... 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." Per progress report dated 02/09/15, which was handwritten and difficult to interpret, provider states patient's neck pain is rated 5/10. Per provider report dated 01/06/15, the patient has history of cervical epidural and noticing improvement with physical therapy. Physical examination findings to the cervical spine on 02/09/15 were unremarkable, revealing tenderness to palpation and close to normal range of motion, with pain elicited at 30 degrees on extension and 50 degrees flexion. Provider states "reschedule CESI ASAP C6/7." Patient's diagnosis on 01/06/15 includes cervical myospasm and MRI finding stating disc desiccation, annular tear, disc protrusions, and neural foraminal stenosis. In this case, there are no physical examination findings pertaining to the C6-7 level, and there is no documentation of radicular symptoms or radiculopathy presented in latest progress reports. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." ESI would not be indicated without a clear diagnosis of radiculopathy. Furthermore, there are no imaging or electrodiagnostic studies provided pertaining to the C6-7 level to be injected, that corroborates physical exam findings, as required by guidelines. Moreover, repeat injection to C6-7 level would be indicated by guidelines based on documented improvement. MTUS requires documentation of objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use, which has not been provided. This request is not in accordance with guideline criteria. Therefore, the request is not medically necessary.