

<b>Case Number:</b>	CM15-0088835		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Arizona, California  
 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:

This 60-year-old male sustained an industrial injury on 5/1/02. He subsequently reported neck and back pain. Diagnoses include cervical strain, degenerative disc disease and bilateral carpal tunnel syndrome. Treatments to date include x-ray and MRI testing, modified work duty, back surgery, physical therapy, injections, acupuncture and prescription pain medications. The injured worker continues to experience neck pain with radiation to the upper extremities and back pain with radiation to the lower extremities. On examination, cervical range of motion is full in flexion and 75 percent in all other planes. There is tenderness over the bilateral trapezius muscles to palpation. Lower extremity strength is normal. Lumbar range of motion is approximately 75 percent in all planes; lower extremity strength is within normal limits. Tenderness to palpation along the lumbar midline from L4 to the sacrum and over the bilateral paraspinal muscles from L3 to the sacrum was noted. A request for Epidural Injection on right at C5-6 to be done at center for orthopedic surgery Qty 1. 00 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Injection on right at C5-6 to be done at center for orthopedic surgery Qty 1. 00:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injection (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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 the therapeutic phase. We recommend no more than 2 ESI injections. In this case, although the MRI showed disc degeneration with herniation the clinical exam did not indicate radiular findings. In addition, the ACOEM guidelines do not recommend ESI due to their short-term benefit. The request for the cervical ESI is not medically necessary.