

<b>Case Number:</b>	CM13-0052249		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female who has submitted a claim for cervicgia and lumbago associated with an industrial injury date of 12/18/2009. Medical records from 01/21/2014 to 08/11/2014 were reviewed and showed that patient complained of neck pain graded 5-9/10 radiating down bilateral upper extremities. Physical examination revealed tenderness over the base of cervical region, decreased cervical ROM, intact MMT of upper extremities, hypesthesia along right thumb and index fingers, and positive Spurling's tests bilaterally. EMG/NCV of upper extremities dated 04/14/2014 revealed mild acute right C6 radiculopathy. MRI of the cervical spine dated 04/16/2014 revealed multilevel degenerative disc disease with no evidence of neural compromise. Treatment to date has included left C5-6 ESI (04/18/2013), repeat left C5-6 ESI (12/5/2013), 12 visits of physical therapy, Naproxen, Nortriptyline, Imitrex, Gabapentin, Cymbalta, and Norco. Of note, the patient reported 70% pain relief for 4 weeks and 50% pain relief for unspecified duration with initial and repeat cervical ESIs, respectively. The patient reported reduction of pain scale grade from 9 to 5 with oral pain medication use. Utilization review dated 10/17/2013 denied the request for left C5-C6 epidural steroid injection because the reported duration of analgesia with previous ESI did not meet the guidelines requirement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C5-C6 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; 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. In this case, the patient complained of neck pain radiating down bilateral upper extremities. Physical examination findings include intact MMT of upper extremities, hypesthesia along right thumb and index fingers, and positive Spurling's tests bilaterally. The patient's clinical manifestations were not consistent with focal neurologic deficit to support presence of radiculopathy. MRI of the cervical spine was done on 04/16/2014 which did not reveal neural compromise. Hence, objective findings and imaging studies both did not identify the presence of radiculopathy. Furthermore, the patient had 2 previous left C5-6 ESIs with 70% pain relief for 4 weeks and 50% pain relief for unspecified duration with initial and repeat cervical ESIs, respectively. The guidelines require documentation of at least 50% pain relief for six to eight weeks prior to approval of repeat ESI. The request likewise failed to indicate if the ESI will be done under fluoroscopic guidance, which is recommended by the guidelines. Guideline criteria were not met. Therefore, the request for left C5-C6 epidural steroid injection is not medically necessary.