

<b>Case Number:</b>	CM14-0168026		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 55 year old female with date of injury 8/1/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain with radiation of pain to the left upper extremity since the date of injury. She has been treated with cervical epidural injections, physical therapy, TENS unit and medications. MRI of the cervical spine performed 07/2014 revealed multilevel disc disease most prominent at C4-5 and C6-7. Objective: decreased and painful range of motion of the cervical spine, decreased and painful range of motion of the left shoulder. Diagnoses: cervical radiculopathy, shoulder bursitis, shoulder degenerative joint disease. Treatment plan and request: Cervical epidural injections, QTY: 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injections, QTY: 2:** 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 Injections Page(s): 46.

**Decision rationale:** This 55 year old female has complained of neck pain with radiation of pain to the left shoulder since date of injury 8/1/2011. She has been treated with cervical epidural injections, TENS unit, physical therapy and medications. The current request is for cervical epidural injections, QTY 2. Per the MTUS guidelines cited above epidural injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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 research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 injections. The available medical records do not include documentation that criteria (1) and (7) above have been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. Additionally, there is no documented response to previous cervical epidural injections. On the basis of the MTUS guidelines, cervical epidural injections are not indicated as medically necessary.