

<b>Case Number:</b>	CM14-0185360		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

46y/o male injured worker with date of injury 2/1/13 with related neck and left upper extremity pain. Per progress report dated 10/8/14, the injured worker complained of neck and left upper extremity numbness and paresthesias extending down his mid humeral level to the elbow and proximal forearm. Per physical exam, the injured worker was tender to palpation in the neck but had a negative Spurling test. He had slight muscle atrophy. EMG study noted findings suggestive of C6 radiculopathy. MRI of the cervical spine dated 9/15/14 revealed status post fusion C4-C5 and C6-C7, at C3-C4 a 2mm disc protrusion, mild lateral disc/uncovertebral hypertrophic changes narrowing the neural foramina, greater on the left; at C4-C5 a 2mm disc protrusion, lateral uncovertebral hypertrophic changes, greater on the left. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 10/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid Cervical Epidural Injection at C5-6 Under Fluoroscopy with Treating Physician at [REDACTED]:** Overturned

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

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

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. I respectfully disagree with the UR physician's denial based upon the lack of pathology on MRI findings. The EMG study showed C6 radiculopathy. The MTUS requires corroboration from MRI and/or EMG. The request is medically necessary.