

<b>Case Number:</b>	CM14-0210948		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 6/24/2013. Per primary treating physician's progress report dated 11/6/2014, the injured worker complains of headaches, neck pain, bilateral wrist and hand pain, low back pain, and bilateral knee pain. The neck pain is rated at 6-8/10 and is aggravated by looking up, looking down and side to side as well as by repetitive motion of the head and neck. The neck pain is associated with numbness and tingling of the bilateral upper extremities. Examination of the cervical spine reveals tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles. There is tenderness to palpation to the splenius and scalene muscles. Cervical range of motion is reduced in all planes. Cervical distraction and compression tests are positive bilaterally. Sensation to pinprick and light touch is slightly diminished along the course of the median nerve distribution and over C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. Diagnoses include 1) headache 2) cervical disc displacement, HNP 3) radiculopathy, cervical region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. Utilization review dated 11/13/2014 denied the request for cervical epidural steroid injection due to lack of information regarding failure of conservative treatment, needing more information to address findings of a Spurling's test and quantifiable measurements of motor strength deficits, and lack of MRI or electrodiagnostic findings that corroborate with physical exam findings of cervical radiculopathy, lack of information regarding participation in an active treatment program following the requested injection, and lack of information regarding the use of fluoroscopy for guidance. Initial pain management consultation dated 7/24/2014 reports that the injured worker did fail treatment with medications, acupuncture, TENS and physical therapy. Cervical spine MRI from 4/28/2014 shows degenerative changes and disc protrusions at several levels. There is foraminal stenosis on the right at C3-4 and C4-5. At C6-7 there is foraminal stenosis on both sides. Pain consult dated 10/9/2014 indicates that the injured worker had a successful lumbar epidural steroid injection, and has decreased sensation with pain in the C6 and C7 distribution, more prominent on the right. It does appear that the injured worker may benefit from the use of cervical epidural steroid injection. The criteria recommended by the MTUS Guidelines have not been met however. There does not appear to be any mention regarding the use of fluoroscopy for guidance. The request for Epidural steroid injection C6-C7 is determined to not be medically necessary.