

<b>Case Number:</b>	CM14-0213383		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 is a 56 year old patient with date of injury of 09/21/2010. Medical records indicate the patient is undergoing treatment for s/p left carpal tunnel release, lateral and medial epicondylitis surgery, s/p left ulnar nerve surgery, s/p arthroscopic surgery left shoulder s/p brain coil embolization, cervical moligamentous injury with left upper extremity radicular symptoms. Subjective complaints include cervical pain that radiates down left upper extremity, rated 8/10; bilateral shoulder pain, left greater than right; left elbow wrist and hand pain, numbness to left 2nd, 3rd and 4th digits; weakness in left hand. Objective findings include tenderness to palpation bilaterally of posterior cervical musculature, numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles, decreased cervical range of motion with obvious muscle guarding, positive left Spurling's sign; decreased sensation in left lateral arm and forearm as well as left 2nd, 3rd and 4th digits; left and right shoulder tenderness to palpation, no shoulder subluxation. MRI of the cervical spine from 12/2013 revealed significant bilateral neural foraminal stenosis. Treatment has consisted of physical therapy, acupuncture, home exercise program, previous epidural steroid injections, Anaprox, Prilosec, Ultracet, Remeron, Norco, Voltaren, Atenolol, Metformin, Allopurinol. The utilization review determination was rendered on 12/16/2014 recommending non-certification of a cervical epidural steroid injection at C6-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical epidural steroid injection at C6-C7: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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." MTUS further defines the criteria for epidural steroid injections to include: 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. 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The medical documents provided detail a trail and failure of conservative treatment and document radiculopathy on physical exam that is confirmed by medical imaging. The treating physician has met the above MTUS guidelines. As such, the request cervical epidural steroid injection at C6-C7 is medically necessary.