

<b>Case Number:</b>	CM15-0016726		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Virginia  
 Certification(s)/Specialty: Neurology

### 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 injured worker is a 69 year old male, who sustained an industrial injury, September 7, 2006. According to progress note of December 4, 2014, the injured workers chief complaint was neck pain and right shoulder. The injured worker rated the pain at 7 out of 10; 0 being no pain and 10 being the worse pain. Discrete tender trigger points over the neck and posterior shoulders, right upper extremity. There was an MRI Cspine dated 12/04/2014 which showed cervical spondylosis and moderate stenosis on the right at C4-C5, C5-C6 2mm posterior protrusion slightly impinges the anterior aspect of the cervical spinal canal and bilateral neural foramen, C5-C6 2mm posterior disc protrusion slightly impinges the anterior aspect of the cervical cord similar to the prior examination, C6-C7 diminished in height of the disc. There was a 4mm posterior disc protrusion with spondylosis mildly impinges the anterior aspect of the cervical cord, similar to the prior study. There was a right uncovertebral joint spondylosis with moderate right neuroforaminal stenosis and degenerative cervical disc disease with right radiculopathy. There was documentation in the medical record that the injured worker had been treated with an epidural steroid injection 3 years ago but the record did not specify a specific vertebral level. According to the record, this injection helped his pain somewhat. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit for the cervical spine for 10 years, acupuncture, left shoulder steroid injection and MRI of the cervical spine. In a clinical note dated 12/12/2014, the injured worker complained of cervical spine pain which radiated into the right upper extremity. The sensory and motor exam were documented as normal on this date. On December 2, 2014, the primary treating physician requested authorization

for cervical epidural steroid injection to right C5-6 and C6-C7 from recent MRI of the cervical spine. On January 7, 2015, the UR denied authorization for cervical epidural steroid injection to right C5-6 and C6-C7. The denial was based on the MTUS/ACOEM and ODG guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical Epidural steroid injection right C5-6 and C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** Chronic pain medical treatment guidelines recommend epidural steroid injections for the treatment of radicular type pain defined as pain in a dermatomal distribution with corroborative findings of a radiculopathy. Criteria for the use of epidural steroid injections includes the fact of a radiculopathy must be documented by physical examination and corroborated by either imaging studies or electrodiagnostic testing. The symptoms must initially be unresponsive to conservative treatment with exercises, physical therapy, and medication. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than one intra-laminar level should be injected in one session. In the treatment phase, repeat blocks should be based on continued objective documented pain and functional movements. Epidural steroid injections can offer short-term pain relief but should be used in conjunction with other rehabilitation efforts including a home exercise program. In the case of the injured worker described above, there is documentation of relief with a prior treatment with epidural steroid injections, however, there is no documentation of a treatment plan including adequate treatment with conservative therapy to include medication, physical therapy, and specific clinical response to treatment. There is no documentation of a home exercise program. Therefore, according to the guidelines and a review of the evidence, The request for cervical epidural steroid injections to the right C5-C6 and right C6-C7 levels are not medically necessary.