

<b>Case Number:</b>	CM15-0113382		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained an industrial injury on 8/20/09. Diagnoses include cervical radiculopathy, cervical discogenic pain, carpal tunnel syndrome, status post left carpal tunnel release, and status post shoulder surgery. In a progress note dated 2/4/15, a treating physician reports subjective complaints of neck pain radiating into the upper extremities. She has been taking Gabapentin for her pain but that has not been sufficient in keeping her pain tolerable, especially at night time. Gabapentin was refilled and Norco was prescribed. In a progress noted dated 4/22/15, a treating physician reports she is being seen for pain management follow up and continues to complain of significant neck pain. The cervical spine shows decreased range of motion with spasm and tenderness to palpation. She has a positive Spurling's maneuver bilaterally. Sensation is decreased in the median nerve distribution otherwise intact. Motor strength is 5/5 throughout and deep tendon reflexes are 2+ and equal. A 2/2/15 consultation report notes she is not currently employed. The treatment plan is a cervical epidural steroid injection, refill Norco but decrease the dose to Norco 5/325 mg one every 6 hours as needed for pain, refill Neurontin 600 mg one twice a day, and a follow up visit in 6 weeks. The treatment request is for 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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. In this case, there is mention of an MRI that showed bulging discs but no mention of cord compromise or abnormal EMG, the clinical findings are not corroborated with imaging. In addition, invasive procedures such as ESI are not recommended due to their short-term benefit. The request for an ESI is therefore not medically necessary.