

<b>Case Number:</b>	CM15-0174399		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/20/1999
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male with a date of injury on 2-20-1999. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of cervical intervertebral disc, cervical radiculopathy, neck pain, lumbar post-laminectomy syndrome and cervical spondylosis with myelopathy. According to the progress report dated 7-9-2015, the injured worker complained of ongoing neck pain radiating to the left arm. He reported 10 to 15 percent pain relief after a C6-7 cervical epidural steroid injection performed on 6-22-2015. He rated his pain level seven out of ten. Per the treating physician (7-9-2015), the employee was retired. The physical exam (7-9-2015) revealed limited cervical range of motion. Spurling's test was positive on the left. Sensory perception was intact to soft touch the bilateral upper extremities except with persistent paresthesias in the left C7 dermatome. Treatment has included magnetic resonance imaging (MRI) and medications (Advil, Hydrocodone and Soma). The request for authorization dated 7-9-2015 was for C6-7 cervical epidural steroid injection. The original Utilization Review (UR) (8-18-1999) denied a request for C6-7 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-7 cervical epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents with degeneration of cervical intervertebral disc, cervical radiculopathy, neck pain, lumbar post-laminectomy syndrome and cervical spondylosis with myelopathy. The patient currently complains of ongoing neck pain radiating to the left arm. The current request is for C6-7 cervical epidural steroid injection requested on 7/9/15. The treating physician states in the treating report dated 7/9/15 (41b), we will request for another C6/7 cervical epidural steroid injection with two week follow up. His first injection allowed him 10-20% pain relief but a second injection should provide him with even more significant pain relief. MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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. In this case, the clinical history documents (40B) that the patient reports 10-15% pain relief after a C6-7 cervical ESI performed on 6/22/15 but fails to document functional improvement and/or a reduction in medication usage. MTUS requires much more significant pain relief including associated reduction of medication usage for a more significant time period for repeat ESIs. The current request is not medically necessary.