

<b>Case Number:</b>	CM15-0177674		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Texas, Florida, 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:

The injured worker is a 37 year old female, who sustained an industrial injury on May 19, 2014. Medical records indicate that the injured worker is undergoing treatment for cervicgia, cervical sprain, cervical degenerative disc disease, cervical radiculopathy and depressive disorder. The injured worker is not working. Current documentation dated August 11, 2015 notes that the injured worker reported neck pain. Examination of the cervical spine and upper extremities revealed a chin to chest flexion, right and left lateral flexion 30-30 and rotation 70-70, all without tightness and discomfort. Sensation, tone, muscle strength and reflexes were intact. Tinel's and Phalen's tests were negative bilaterally. Treatment and evaluation to date has included medications, cervical x-rays, electrodiagnostic studies chiropractic treatments (6), physical therapy, acupuncture treatments (8), cervical MRI, cervical collar and pain management. The electrodiagnostic studies (5-21-2015), revealed right cervical six and cervical seven radiculopathy. A cervical MRI (4-18-2015) revealed cervical four-five disc extrusion which correlates with right cervical five radiculopathy. Also noted were disc osteophyte complexes at cervical five-cervical six and cervical six-cervical seven with associated neural foraminal stenosis. Current medications include Norco and Relafen. Treatments tried and failed include chiropractic treatments. The treating physician's request for authorization dated August 12, 2015 includes a request for a cervical five-cervical six epidural steroid injection under fluoroscopy. The Utilization Review documentation dated August 14, 2015 non-certified the request for a cervical five-cervical six epidural steroid injection under fluoroscopy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C5-6 cervical epidural steroid injection under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, ESI.

**Decision rationale:** See 9792.24.2. Chronic pain Medical Treatment Guidelines. Epidural steroid injections (ESIs) and ODG, Neck, ESI. Key case observations are as follows. The claimant was injured in 2014 with cervicalgia, cervical sprain, cervical degenerative disc disease, cervical radiculopathy and depressive disorder. There is still neck pain. Sensation, tone, muscle strength and reflexes were intact. No objective physical signs of radiculopathy were reported. The electrodiagnostic studies (5-21-2015), revealed right cervical six and cervical seven radiculopathy. A cervical MRI (4-18-2015) revealed cervical four-five disc extrusion which reportedly correlates with right cervical five radiculopathy. The California Medical Treatment Utilization Schedule notes: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Criteria for the use of epidural steroid injections: Note: The purpose of epidural steroid injection was 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 was not recommended if there was 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injection injections. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. (Andersson, 2000). Per the AMA guidelines, 5th Edition: Radiculopathy (page 382-383) is defined as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. A root tension sign is usually positive. The diagnosis of herniated disk must be substantiated by an appropriate finding on an imaging study. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence as described above. The current California web-based MTUS collection was reviewed in addressing this request. They do not specifically isolate the neck area for these injections. The ODG and other sources simply as of late do not

support cervical ESI. Per the ODG: 1. Recent evidence: ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) 2. An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) 3. According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) Based on evidence-based review, the request is not medically necessary.