

<b>Case Number:</b>	CM15-0178795		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, myofascial pain syndrome, and fibromyalgia (FM) reportedly associated with an industrial injury of September 1, 2008. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. An RFA form dated August 28, 2015 and an office visit of August 26, 2015 were referenced in the determination. On July 13, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical fusion surgery. The applicant was asked to employ for reported reflex sympathetic dystrophy (RSD). The applicant's work status was not detailed. Electrodiagnostic testing done in June 2015 failed to show any active denervation or radiculopathy, the treating provider contended. On June 30, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical laminectomy with superimposed issues with fibromyalgia. This particular provider interpreted the electrodiagnostic testing as demonstrating chronic changes at C6-C7 without any new changes. The applicant was "disabled," it was suggested in the Social History section of the note. The applicant was on Flector patches, Medrol Dosepak, and oral Tizanidine, it was stated. Depression and sleep disturbance were also evident, it was acknowledged. The applicant was asked to perform home exercises. The applicant's work status was not detailed. The electrodiagnostic testing of June 9, 2015 was notable for "older C6-C7 nerve root involvement". On August 26, 2015, the applicant reported ongoing complaints of neck pain status post revision cervical fusion surgery. Gripping, grasping, and keyboarding remained problematic. The applicant contended that she was unable to return to work as a result. The applicant's medications included Norco, Tizanidine, Medrol, Neurontin, Flurbiprofen, Flector, and Cyclobenzaprine, it was reported. The applicant was "disabled," it was reported on this date. A cervical epidural steroid injection was sought. It was not clearly stated whether this was a first-time request or epidural steroid injection therapy or renewal request.

## **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, quantity 1: 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 rationale:** No, the request for a C6-C7 cervical epidural steroid injection is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. Here, electrodiagnostic testing of June 9, 2015 was in fact equivocal and failed to uncover evidence of an active radiculopathy process but, rather, demonstrated chronic changes associated with "older C6-C7 nerve root involvement". One of the applicant's treating providers, a neurosurgeon, reported on July 13, 2015 that he did not believe these findings were significant and contended that these findings did not represent an active cervical radiculitis process. It did not appear, thus, that there was clear radiographic or electrodiagnostic corroboration of radiculopathy present here. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that pursuit of repeat epidural steroid injection should be predicated on lasting analgesia and functional improvement with earlier blocks. Here, however, it was not stated whether the applicant had or had not had prior epidural steroid injection therapy on the August 26, 2015 office visit at issue. Therefore, the request is not medically necessary.