

<b>Case Number:</b>	CM15-0063360		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 47-year-old male sustained an industrial injury to the cervical spine on 6/4/13. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, chiropractic therapy, epidural steroid injections and medications. In a progress report dated 2/25/15, the injured worker reported 40% improvement in low back pain after a lumbar spine epidural steroid injection done on 2/10/15. The injured worker complained of pain to the low back and neck rated 8/10 on the visual analog scale with radiation into bilateral lower extremities. Physical exam was remarkable for cervical spine with tenderness to palpation, decreased range of motion and positive Spurling's test, lumbar spine with normal range of motion and positive straight leg raise bilaterally, bilateral lower and upper extremity 5/5 and intact sensation throughout. Current diagnoses included lumbar radiculitis, drug dependence, opioid type, chronic pain syndrome, cervical spine radiculopathy and cervical spine spondylosis without myelopathy. The treatment plan included medications (MS Contin, Norco, and Soma). On 3/9/15, a request for authorization was submitted for a cervical spine 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:

**Cervical epidural steroid injection under fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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. MRI of the cervical spine dated 8/18/14 showed multilevel degenerative changes. There was moderate central canal stenosis at C5-C6 and C6-C7. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. The request does not specify what level the requested procedure is at Radiculopathy findings are not documented, so the request is not medical necessary.