

<b>Case Number:</b>	CM15-0091662		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: 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 55-year-old male with an industrial injury dated 3/27/2014. The injured worker's diagnoses include cervicalgia, wrist sprain/strain, and umbilical hernia. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 4/07/2015, the injured worker reported neck pain, neck tightness, shaking and weakness with Baclofen and financial stress. Objective findings revealed neck tightness, decreased range of motion, positive tenderness to palpitation, positive suboccipital tenderness and anxious affect. The treating physician prescribed services for referral pain specialists to evaluate for cervical epidural steroid injection (ESI) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral pain specialists-evaluate for CESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and management, AMA guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

**Decision rationale:** The medical records do not establish evidence of objective deficits on clinical examination in a dermatomal or myotomal pattern to support radiculopathy stemming from the cervical spine. Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination. In addition, per ODG, cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. Per Recent evidence: ESIs should be contraindicated in the management of cervical back pain, 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) 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) 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) . Given the lack of objective evidence of radiculopathy and recent research, the request for Referral pain specialists-evaluate for CESI is not medically necessary and appropriate.