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| <b>Case Number:</b>   | CM14-0132566 |                              |            |
| <b>Date Assigned:</b> | 08/22/2014   | <b>Date of Injury:</b>       | 05/01/2003 |
| <b>Decision Date:</b> | 11/16/2015   | <b>UR Denial Date:</b>       | 08/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2014 |

### 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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 1, 2003. In a Utilization Review report dated August 7, 2014, the claims administrator failed to approve a request for C5-C6 cervical epidural steroid injection under IV sedation. The claims administrator referenced a July 24, 2014 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 1, 2015, a cervical epidural steroid injection, monitored anesthesia care, and epidurography were sought. On an associated progress note dated July 24, 2014, the applicant reported ongoing complaints of neck pain radiating to the bilateral shoulders, left greater than right. The attending provider contended that the applicant had failed physical therapy, acupuncture, and various oral and topical medications. Well-preserved upper and lower extremity motor function was evident with hyposensorium noted about the right C5 dermatome. The attending provider stated that the applicant had a C5-C6 disk herniation and also stated that the applicant was anxious, necessitating IV sedation. The attending provider did not state whether the applicant had or had not had prior epidural steroid injections or not. Cervical MRI imaging dated August 11, 2009 was notable for multi-level disk protrusions, including a 3- to 4-mm broad-based disk protrusion at C5-C6 with associated thecal sac compression. A similar finding was also evident at the C4-C5 level. Electrodiagnostic testing of the bilateral upper extremities dated March 8, 2005 was interpreted as normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C-5-C6 cervical steroid injection with monitored anesthesia care & epidurography:** 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 C5-C6 cervical epidural steroid injection was 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 qualifies its position by noting that there should be radiographic and/or electrodiagnostic corroboration of radiculopathy. Here, however, earlier electrodiagnostic testing of upper extremities was in fact normal. Cervical MRI imaging was equivocal and failed to uncover a clear structural source for the applicant's ongoing cervical radicular pain complaints. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's response to earlier cervical epidural steroid injections (if any) was not clearly described or characterized on the July 24, 2014 office visit at issue. Therefore, the request was not medically necessary.