

<b>Case Number:</b>	CM13-0002534		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50 year old female with a work injury dated 11/27/01. Her diagnoses include cervical disc degeneration, brachial neuritis, myalgia and myositis, reflex sympathetic dystrophy upper limb, anxiety, depressive disorder, cervicocranial syndrome, lateral epicondylitis. There is a request for cervical translaminar epidural C7-T1. An MRI of the cervical spine performed on 10/05/12 revealed multilevel degenerative changes, moderate central canal stenosis at C6-C7, normal cord signal without evidence of cord tumor or cord syrinx, no Chiari malformation, unchanged mild 1 to 2 mm grade I retrolisthesis of C6 on C7, overall interval improvement in disc disease at C6-C7. At the C6-C7 level, there is unchanged mild to moderate right lateral recess encroachment with mild left lateral recess encroachment. There is moderate, borderline moderate to marked, right-sided neural foraminal narrowing which has slightly worsened since prior study. There is grossly unchanged mild to moderate left-sided neural foraminal narrowing, no interval development of an acute compression fracture, no significant paraspinal muscle or soft tissue contusion. Per documentation the patient recalled experiencing excellent relief, greater than 50% decrease in pain and neuropathic pain to bilateral upper extremities and also decreased headaches, following a cervical epidural steroid injection she underwent on 11/26/12 and asked about repeating the procedure. The patient felt the relief she received from that injection was contributing to the excellent progress she was experiencing in physical therapy. Physical examination noted reflexes 2/4 in the bilateral upper extremities. The patient was very tender to palpation over cervical and upper thoracic region as well as the bilateral shoulder girdles. No other examination findings were noted. Treatment recommendation was for a cervical translaminar epidural injection at C7-T1. A 7/18/13 primary treating physician report states that her pain levels have been continuing to worsen. Specifically, she complains of continued pain to

neck, upper back and bilateral shoulder girdle as well as to bilateral hands and with numbness her bilateral hands -- with numbness to whole hands (R>L), but especially to middle two fingers (R>L) of both hands. She also has pain and numbness to the left elbow and describes pain to right side of neck and face from earlobe to front of her upper chest and elbow with right hand (whole hand) prickly and tingly in addition to numbness. The 7/18/13 office note indicates that the cervical epidural steroid injection will be re-requested. The document states that the request for injection was denied based on the fact that the patient has no findings on her: MRI at the requested level of injection C7-T1. The provider states that, patient does have significant findings at C6-C7) the document states that, the last cervical epidural steroid injection was initially requested at the level of C6-C7. However, per the treating physician because of the unique anatomy of the patient's neck (i.e. severe stenosis at C6-C7) he has had to administer the injection at the C7-T1 level for the sake of expediency, since the needle will not enter the desired space due to the severe degenerative changes at that level. Per the documentation the patient did discontinue her use of opioid pain medication following that injection but she is now again requiring opioid analgesics to manage her increasing pain levels.. She last underwent cervical epidural injections in November, 2012 the patient was deemed a cervical surgery candidate and is wishing to avoid surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CERVICAL TRANSLAMINAR EPIDURAL INJECTION C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** A Cervical translaminar epidural injection C7-T1 is not medically necessary per the MTUS guidelines. Per the MTUS guidelines radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There are no documented physical exam findings of a C7 through T1 radicular process on physical exam findings. The MRI reveals cervical stenosis at C6-7 which does not correlate with the request for an injection at C7-T1. The documentation reveals that patient has intact reflexes in both arms is the triceps, biceps, and brachioradialis. She has hypoesthesia in the C7 (right greater than left) distribution bilaterally. Furthermore the MTUS recommends no more than one interlaminar level injection at one session. The request for a cervical translaminar epidural injection at C7-T1 is not medically necessary.