

<b>Case Number:</b>	CM13-0017225		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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 physician 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:

The patient is a 59-year-old female who reported an injury on 09/26/2008 due to a slip and fall, which reported caused injury to her left shoulder, left side of her neck, and left leg. Previous treatments included physical therapy, epidural steroid injections, and medications. The patient underwent a cervical MRI in 01/2013 that revealed degenerative changes and mild to moderate spinal canal stenosis at the C3-4, C4-5, and C5-6. The patient underwent an epidural steroid injection at the L5 level bilaterally on 03/2013. The patient's most recent clinical examination revealed that the patient had tenderness to palpation over the cervical paraspinal musculature and spinous process with restricted range of motion secondary to pain. Evaluation of the lumbar spine revealed limited range of motion secondary to pain. The patient's diagnoses included cervical neural foraminal stenosis, cervical spinal stenosis, left cervical radiculopathy, lumbar radiculopathy, lumbar disc protrusion, lumbar lateral recess and neural foraminal stenosis, and muscle spasms/myalgia. The patient's treatment plan included a bilateral transforaminal C5 epidural steroid injection, a repeat bilateral L5 transforaminal epidural steroid injection, and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5 transforaminal epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Epidural Steroid Injections.

**Decision rationale:** The requested C5 transforaminal epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have clinical findings of radiculopathy supported by an imaging studies that have failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient has been recalcitrant to physical therapy. However, the patient's evaluation does not clearly identify any radicular symptoms that would benefit from an epidural steroid injection. The patient does have subjective complaints of pain radiating into the left upper extremity. However, the patient's physical objective findings do not support this subjective complaint as a radicular symptom. Additionally, Official Disability Guidelines do not recommend cervical and lumbar epidural steroid injections to be performed on the same day. The clinical documentation does not delineate whether the requested injections are scheduled for the same procedure. Therefore, a bilateral C5 transforaminal epidural steroid injection would not be medically necessary or appropriate

**Bilateral L5 transforaminal epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Epidural Steroid Injections.

**Decision rationale:** The requested bilateral L5 transforaminal epidural steroid injection is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously received an epidural steroid injection at the requested level. California Medical Treatment Utilization Schedule states, "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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year." The clinical documentation submitted for review does not provide any evidence that the patient had pain relief, functional improvement, or a reduction in medication for any length of time. Therefore, the need for an additional epidural steroid injection at the requested level is not indicated. Additionally, Official Disability Guidelines do not recommend performance of cervical and lumbar epidural steroid injections on the same date. The request does not delineate whether the cervical and lumbar epidural steroid injections are scheduled for the same procedure. Therefore, the requested bilateral L5 transforaminal epidural steroid injections are not medically necessary or appropriate.

**Surgical assistant:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.