

<b>Case Number:</b>	CM13-0017729		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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 48 year-old female with date of injury on 9/30/10. The patient has been treated for ongoing neck and low back pain sustained from injury. The patient is status post anterior cervical discectomy and fusion at C3-6 on 4/12/12, and is diagnosed with failed back surgery syndrome, sprain cervical spine, impingement left shoulder, sprain lumbar spine, right L5-S1 radiculopathy, anxiety, and depression. The patient also had a stroke in April of 2013 with residual left side weakness. Her medications include Norco, Flexeril, naproxen, and Omeprazole. Imaging studies demonstrate significant disc degeneration and foraminal stenosis at C6-7 and C7-T1, and spondylosis at C5-C7. The patient has subjective complaints of neck pain, bilateral shoulder pain, and low back pain. The pain is described as burning at a level of 8/10 throughout the upper body with numbness in both upper extremities. Physical exam shows Spurling's maneuver causing pain, and note was made of patient's stroke and subsequent left side upper/lower extremity weakness and facial drooping. No objective focal neurologic deficit in a dermatomal or myotomal pattern was identified. Treatments have included physical therapy, and mention was made of a previous injection that made symptoms worse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for a C7-T1 interlaminar epidural steroid injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

**Decision rationale:** The California MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion, facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Furthermore, the American Academy of Neurology concluded that ESIs may lead to improvement in radicular lumbosacral pain between 2-6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond three months. For diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. Criteria for epidural steroid injections include documented radiculopathy on physical exam corroborated by imaging studies and/or electrodiagnostic testing. This patient has worsening neck pain documented, yet records do not establish a physical exam consistent with a cervical radiculopathy since no objective dermatomal or myotomal neurologic deficit was demonstrated. For these reasons epidural steroid injections are not medically necessary.