

<b>Case Number:</b>	CM13-0027119		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/30/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 58 year old female with a date of injury of 1/30/2011. In the most current progress report dated 8/15/2013 by [REDACTED], the patient was status post lumbar epidural steroid injection (ESI) performed In May 2013. It was noted that this procedure was effective in relieving symptoms 90% for six weeks post injection, including a reduction in pain from 9/10 to 2/10, as well as improved activities and medication use reduction. However, her lower back pain returned and was reported as 7/10 and described as burning, achy and dull. Her prior numbness had resolved after the ESI and has not returned. She also complained of headaches, however, there were no subjective complaints of neck or upper extremity symptoms. Objectively, she was not in distress, but she was antalgic left. There was bilateral moderate cervical and trapezius tenderness and spasm, and axial compression and Spurling's were positive bilaterally. Cervical range of motion was reduced in flexion. lateral rotation, and there was C4-7 facet tenderness. Jamar grip was decreased on the left and there was decreased bilateral C5/6 oenoation, but upper extremity motor and reflexes were normal. There was decreased lumbar range of motion and moderate L4-S1 facet tenderness. Kemp's test, seated and supine straight leg raise were positive on the left. There was decreased sensation of the left L4, L5 and S1 regions, and 4/5 weakness of the left hip flexors and knee extensors, lower extremity reflexes were normal. The provider reported diagnoses of cervical and lumbar disc disease, radiculopathy and facet syndrome. It was also noted that the patient has failed conservative care consisting of medications and various therapies, and that prior MRI (2011) of the cervical spine noted bilateral C5/6 neuroforaminal stenosis. The provider has prospectively requested second left L4/S and L5/S I transforaminal epidural steroid injection using fluoroscopy and 2 bilateral C5/6 epidural steroid injections which wa

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) bilateral C5-C6 transfacet epidural steroid injections:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines, page 46 of 127, stipulates that "the purpose of Epidural Steroid Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit". Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The patient did not complain of neck or upper extremity pain, paresthesia or weakness. Although the provider noted objective findings of tenderness, these findings were inconsistent with her subjective complaints or lack thereof. There are no Electro-diagnostic studies provided for review, even though one was ordered for the cervical spine, which would have helped in collaborating with the clinical and imaging findings. Also, there is no indication that cervical surgical intervention is pending subsequent cervical epidural injection outcomes. Therefore the request for two (2) bilateral C5-C6 transfacet epidural steroid injections is not medically necessary.