

<b>Case Number:</b>	CM13-0030961		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/17/2007
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Physical Medicine and Rehabilitation 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:

This 55 year-old male sustained an injury on 4/17/07 while employed by the [REDACTED]. Request under consideration include L C6-7 Transforaminal ESI. The patient is status/post Anterior Fusion C3-C6 and Posterior Fusion C5-C6 and L5-S1 Lumbar Fusion. The patient had previous Left C7-T1 transforaminal epidural steroid injection and Left C7-T1 facet joint injection in 2013 with very little if any improvement from procedures. Per report dated 9/10/13 by [REDACTED], for [REDACTED], the patient complained of increased burning in the left arm almost the same feeling prior to the recent arthroplasty. Exam showed cervical range of motion moderately decreased; dysesthesia into the left greater than right upper extremity; left arm strength 4/5 compared to 5/5 on right; DTRs hyporeflexic greater on left than right. Pain was rated as 4-5/10, worse with activities of bending, rising from sitting, coughing, and sneezing; relieved with ice, rest (off work), and H-wave. AME report dated 5/8/13 by [REDACTED] documented no further surgical intervention in the patient's neck or lower back areas; Fusion operations to treat supposedly painful degenerative disease were notoriously unpredictable and notoriously poor in outcome; In the absence of clear and objective neurological damage, further surgical interventions or injection interventions were not recommended; the negative response to facet block argued against any nerve ablation considerations. Future medical recommended short-courses of therapy for flare-ups." Latest MRI of the cervical spine dated 3/12/13 noted "1. Stable appearance of cervical spine from prior study with C3 through C6 spinal fusion; No complicating process is detected; 2. Stable C6-C7 degenerative disc disease; There is no more than mild spinal and foraminal stenosis." Request was non-certified on 9/25/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L C6-7 Transforaminal ESI (Epidural Steriod Injection): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

**Decision rationale:** This 55 year-old male sustained an injury on 4/17/07 while employed by [REDACTED]. Request under consideration include L C6-7 Transforaminal ESI. The patient is status/post Anterior Fusion C3-C6 and posterior fusion C5-C6 and L5-S1 Lumbar fusion. The patient had previous Left C7-T1 transforaminal epidural steroid injection and Left C7-T1 facet joint injection in 2013 with very little if any improvement from procedures. Per report dated 9/10/13 by [REDACTED], for [REDACTED], the patient complained of increased burning in the left arm almost the same feeling prior to the recent arthroplasty. Pain was rated as 4-5/10, worse with activities of bending, rising from sitting, coughing, and sneezing; relieved with ice, rest (off work), and H-wave. AME report dated 5/8/13 by [REDACTED] documented no further surgical intervention in the patient's neck or lower back areas; Fusion operations to treat supposedly painful degenerative disease were notoriously unpredictable and notoriously poor in outcome; In the absence of clear and objective neurological damage, further surgical interventions or injection interventions were not recommended. Latest MRI of the cervical spine dated 3/12/13 noted "1. Stable appearance of cervical spine from prior study with C3 through C6 spinal fusion; No complicating process is detected; 2. Stable C6-C7 degenerative disc disease; There is no more than mild spinal and foraminal stenosis." Chronic Pain Medical Treatment Guidelines recommend ESI (Epidural Steriod Injection) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not established here as the MRI showed stable process. The patient had undergone previous injections; however, submitted reports have not adequately demonstrated any significant pain relief or functional improvement from multiple prior injections rendered. AME report noted no further injections or surgical interventions recommended for this patient who is status/post cervical and lumbar fusions with "notoriously poor outcome." The L C6-7 Transforaminal ESI is not medically necessary and appropriate.