

<b>Case Number:</b>	CM13-0031010		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/23/2013
<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, has a subspecialty in Pain Medicine 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 injured worker sustained an industrially related injury on August 1, 2012. The covered body regions include the neck and low back. There are diagnoses of lumbar degenerative disc disease, lumbar and cervical spondylosis, and lumbar and cervical radiculopathy. The patient has undergone extensive conservative care, which has included medications such as Norco, tizanidine, cyclobenzaprine, Robaxin, Klonopin, nortriptyline, Wellbutrin, and Cymbalta. The disputed issue is a cervical epidural steroid injection at C5 with fluoroscopy and anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection at C5 under fluoroscopy and anesthesia:** Overturned

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

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

**Decision rationale:** A recent progress note from September 24, 2013, indicates the patient still has significant neck and low back pain. Physical examination reveals Lhermitte's sign is positive. There is decrease pinprick sensation in the left C6 and C8 distribution, and there is decrease grip strength on the left. There is tenderness in the bilateral cervical paraspinal muscles that extend

down into the levator scapulae and trapezius. There is documentation in a panel QME that the patient has had spine injections in the low back with temporary benefit. Grip strength was documented as normal on this date, and sensory examination demonstrated some "numbness and tingling in all five fingers in a nondermatomal pattern bilaterally." A supple mental report on pain management progress on October 21, 2013, indicates that a cervical MRI showed disc bulges at C3-4, C4-5, C5-6 that were found to correlate with her symptoms and signs. The official radiology report on the cervical MRI from January 16, 2013, demonstrates cervical disc bulges that efface the ventral surface of the thecal sac without evidence of central stenosis or neuroforaminal narrowing. Given this documentation, the requested cervical epidural steroid injection is medically necessary and appropriate.