

<b>Case Number:</b>	CM13-0033948		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 expert 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 is a female patient with a date of injury of November 30, 2009. A utilization review determination dated September 26, 2013 recommends non certification of right cervical interlaminar epidural steroid injection at C6-C7. Non certification is recommended due to a previous epidural steroid injection only providing 10 days of relief. A progress report dated January 8, 2014 identifies a subjective complaints indicating that the patient is using Vicodin and Pamelor to control her pain. The patient is continuing to be seen for depression, but is no longer using Lunesta and Flexeril. Current complaints include right shoulder pain, left shoulder pain, neck pain, right upper back pain, bilateral forearm pain with numbness and tingling, sleep difficulty, depression, and gastrointestinal upset. The note indicates that opioid medications improve the patient's function. The requesting physician's review of the patient's cervical MRI from March 28, 2013 identifies a 3 mm posterior disc protrusion at C5-6, a 2 mm disc protrusion with annular tear at C6-7, and nerve root compromise on both sides at C5-6 and C6-7. A review of an EMG/NCV performed on June 11, 2013 identifies right C5 radiculopathy. Physical examination identifies reduced cervical spine range of motion, positive Spurling's sign on the right, positive Phalens sign bilaterally, and no sensory or motor examination. Diagnoses include cervical strain with right cervical radicular symptoms, thoracic strain, right shoulder impingement, left shoulder strain, upper thoracic strain, bilateral forearm flexor tendinitis, insomnia, depression, and gastroesophageal reflux disease. The treatment plan recommends neurosurgical consultation, a 2nd epidural steroid injection in the cervical spine, psychiatric care, VQ ortho stim, Vicodin, Nucynta, Pamelor, Flexeril, piroxicam, Lunesta, and Prilosec. A progress report dated September 19, 2013 indicates that the patient underwent a cervical epidural steroid injection on August 6, 2013 which provided complete pain relief as well as improve range of motion and less use of medication. The pain relief lasted for 10 days. Physical

examination reveals normal motor strength with reduced sensation to light touch in the right C6 distribution. Diagnoses include cervical radiculopathy. The treatment plan requests right cervical C6-C7 epidural steroid injection. An MRI report dated March 28, 2013 corroborates the previously described MRI findings.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT CERVICAL INTERLAMINAR EPIDURAL STEROID INJECTION C6-C7:**

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 rationale:** Chronic Pain Medical Treatment Guidelines, states that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, the MRI does support radiculopathy at the proposed level of the epidural steroid injection. However, the previous injection lasted for only 10 days. Guidelines do not support repeat injections unless there is at least 50% pain relief for 6-8 weeks. In the absence of such documentation, the currently requested CESI C6-7 is not medically necessary