

<b>Case Number:</b>	CM13-0036748		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Illinois. 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 47-year-old female who reported a work-related injury on 11/05/2012 due to a motor vehicle accident. Her current diagnoses include cervicalgia with bilateral radiculopathy, thoracic spine degeneration and lumbago with bilateral radiculopathy. The MRI of the cervical spine revealed a moderate posterior disc osteophyte complex at C5-6, leading to moderate to severe central canal stenosis with the flattening of the anterior margin of the cord. A request was made for a lumbar epidural steroid injection at L5-S1 and a cervical epidural steroid injection at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **lumbar epidural steroid injection L5-S1: Upheld**

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

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

**Decision rationale:** The recent clinical documentation submitted for review revealed limited range of motion to the patient's neck; reflexes were 2+ bilaterally with sensations decreased in the left upper extremity. Motor strength included a weak grip. The patient was noted to have

significant motor weakness in the left lower extremity with sensory deficit along L4, L5 and S1. She had a positive straight leg raise along with a positive Lasègue's test. There were trace deep tendon reflexes. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no imaging studies and/or electrodiagnostic testing submitted with the request for a lumbar epidural steroid injection. The patient was also not noted in the submitted documentation to have been initially unresponsive to conservative treatment, to include exercises, physical methods, NSAIDs or muscle relaxants, per the criteria for the use of epidural steroid injections per the California MTUS Chronic Pain Medical Treatment Guidelines. As such, the decision for a lumbar epidural steroid injection at L5-S1 is non-certified.

**cervical epidural steroid injection C5-C6: Upheld**

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

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

**Decision rationale:** The recent clinical documentation state that the patient exhibited sensory deficit as well as motor weakness in both the left and right upper extremities along the distribution of C5, C6 and C7. She continued to have cervical spasms as well as multiple tender and trigger point areas. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that epidural steroid injections should be used in conjunction with other rehab efforts, to include continuing a home exercise program. There was a lack of documentation noting the patient's prior conservative care, to include exercise, physical therapy, NSAIDs or muscle relaxants. The patient was also not noted to be undergoing current rehabilitation, to include a home exercise program. Guideline criteria state that the patient must be initially unresponsive to conservative treatment prior to injection therapy. Therefore, the request for a cervical epidural steroid injection at C5-6 is non-certified.