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| <b>Case Number:</b>   | CM13-0038601 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 09/28/2011 |
| <b>Decision Date:</b> | 03/21/2014   | <b>UR Denial Date:</b>       | 10/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2013 |

### 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 Interventional Spine, 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 is a 36-year-old male with a 9/28/2011 industrial injury claim. He has been diagnosed the C6/7 disc protrusion and L5/S1 disc protrusion. The IMR (Independent Medical Review) application shows a dispute with the 10/10/13 UR (utilization review) decision. The 10/10/13 UR letter is by [REDACTED], and based on the 9/12/13 report from [REDACTED], and the 7/23/13 EMG (Electromyography), recommends non-certification of a trial Cervicothoracic epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of cervicothoracic epidural injections:** Upheld

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

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

**Decision rationale:** The MTUS has specific criteria for epidural injections and states these are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The first item in the MTUS criteria

section is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 9/12/13 report from the provider does not show any subjective complaints of radicular symptoms, and there were no physical exam findings to show nerve root impingement. The physician notes that prior MRI (magnetic resonance imaging) of the cervical spine showed disc protrusion at C6/7 and caused bilateral neural foraminal narrowing. Unfortunately, there are no cervical MRI reports available in the 235 pages of records provided for this IMR (Independent Medical Review). The records included a 6/29/13 MRI of the thoracic spine, and 6/29/13 MRI of the lumbar spine. There is an 8/20/13 EMG/NCV (electromyography/Nerve conduction velocity) of the upper extremities from [REDACTED] that is essentially normal, without evidence of cervical radiculopathy. There is a neurosurgical evaluation by [REDACTED] on 9/30/13 that did not detect cervical radicular symptoms. The specific level of the ESI (epidural steroid injection) trial was not provided, the clinical findings were not compelling for radiculopathy or radiculitis, EMG/NCV was normal and there were no cervical imaging reports provided. The MTUS criteria for ESI has not been met. As such, the request is not certified.