

<b>Case Number:</b>	CM13-0044630		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 patient is a 54-year-old woman with a date of injury of 09/23/2011. An Agreed Medical Examination report by [REDACTED] dated 04/16/2013 stated that the mechanism of injury was twisting while unloading a heavy floral arrangement from a van. The worker subsequently developed lumbar and cervical pain, left shoulder pain, and radicular symptoms involving the right leg and left arm. Evaluations and notes by [REDACTED] and [REDACTED] dated 10/03/2013, 04/16/2013, 08/01/2013, 09/26/2013, 10/22/2013, and 11/18/2013 described examination findings that were consistent with the worker's complaints. Some of these findings included tenderness in the muscles next to the upper and lower spine; decreased sensation and weakness along the left C7 nerve distribution; positive right straight leg raising tests; decreased sensation along the right L4 nerve distribution; and decreased motion of the upper spine, lower spine, and left shoulder joints. [REDACTED] describe imaging as being consistent with the worker's complaints and examination findings. According to their notes, a lumbar spine MRI interpretive report dated 12/12/2011 described a L4 disc bulge with resultant mild neural foraminal narrowing. An EMG with NCV of both legs done on 01/26/2012 suggested mild right L5 radiculopathy. A cervical spine MRI interpretive report dated 05/09/2013 described a 2mm left paracentral bulge and extrusion that partially attenuated the left C6 lateral recess without foraminal narrowing. Treatments overall included physical therapy, chiropractic care, acupuncture, lumbar supports, TENS unit, three lumbar epidural steroid injections (ESI), and medications. In general, the worker had significant improvement in both symptoms and function since the date of injury. However, there was documentation of only minimal lasting improvement beyond two weeks after the initial lumbar ESI done by [REDACTED] on 03/19/2012. Documentation described subjective limited improvement after the second lumbar ESI was done on 04/17/2013 and reported significant subjective relief in right leg

symptoms after the third ESI was done on 06/12/2013, both performed by [REDACTED]. However, no details about objective pain improvement, decreased need of medications, or functional improvement were provided. A Utilization Review decision was rendered on 10/28/2013 recommending non-certification for C5 and L4 epidural steroid injections.

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

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

#### **Cervical and lumbar epidural steroid injections at C5-6 and L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

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

**Decision rationale:** As described in the MTUS Chronic Pain Guidelines, the American Academy of Neurology concluded that epidural steroid injections (ESIs) may improve radicular lumbosacral pain between two to six weeks after the injection, but they do not affect impaired function or long term pain relief beyond three months. It further concluded there is insufficient evidence to make any recommendation for use of ESIs to treat radicular cervical pain. The MTUS Guidelines suggest no more than two ESIs, with the second only if there was partial improvement with the initial injection and rarely a third. Specifically, the Guidelines recommend repeat ESIs should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. While there was documentation of subjective limited short term improvement after the lumbar ESI was done on 04/17/2013 and more significant subjective symptom relief after the lumbar ESI was done on 06/12/2013, no detailed documentation of objective pain improvement, reduction of medication use, or functional improvement was provided. Further, there is insufficient evidence for the use of ESIs to treat cervical radiculopathy. In the absence of such evidence and such documentation, the current request for cervical and lumbar ESIs at C5 and L4 are not medically necessary.