

<b>Case Number:</b>	CM13-0050152		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/29/2008
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Medicine and is licensed to practice in Texas. 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:

The injured worker is a 60-year-old male who reported a work related injury on 04/29/2008 due to an industrial injury. The injured worker's diagnoses consist of degenerative disc disease of the cervical spine and cervical stenosis. The injured worker's past treatment included medication management and acupuncture. Diagnostic studies include MRI of the cervical spine on 11/30/2012 which revealed degenerative disc disease with facet arthropathy and retrolisthesis at C4-5 and C5-6. There was central stenosis at C3-4 which was severe, C4-5 which was moderate, C5-6 which was moderate to severe and C6-7 mild to moderate. There was neural foraminal narrowing at C3-4 moderate, C4-5 moderate to severe on the right and moderate on the left, C5-6 severe on the left and mild to moderate on the right, and C6-7 mild left neural foraminal narrowing. It was also noted that the injured worker had severe nerve impingement on the MRI of the cervical spine. Upon examination on 09/23/2013, the injured worker presented for a follow-up of neck and shoulder pain. The injured worker rated his pain as an 8/10 on the VAS pain scale. He reported the radiation of pain and numbness down both arms to hands. The injured worker stated his activity is very limited by pain and he reported his radiation to his low back was increasing with time. The injured worker stated that tramadol decreased his pain and improved his ability to stand longer. The naproxen helped to reduce his pain and increase his ability to a home exercise program. The injured worker denied any side effects to the medication. Upon physical examination, it was noted that the injured worker had normal and ataxic gait. There was tenderness to palpation of the cervical mid spine region. It was also noted, that the injured worker's sensation was intact. The injured worker was noted to be mildly hyper-reflexic of the upper and lower extremities. The injured worker has a positive Spurling's test and Lhermitte's test on the left. The injured worker's prescribed medications include tramadol, naproxen, and Medrox patches. The treatment plan consisted of a follow-up in 8 weeks and

interlaminar epidural injections at C3-4, C4-5, and C5-6 with placement of a catheter at C7-T1 level. The rationale for the request is severe nerve root impingement. A Request for Authorization form was submitted for review on 09/23/2013.

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

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

#### **Epidural Steroid Injection - Cervical Spine C3-6 W/ Catheter at C7-T1: Upheld**

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

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

**Decision rationale:** The request for epidural steroid injections at the cervical spine is not medically necessary. California MTUS recommend epidural steroid injections as an option for the treatment of radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including a home exercise program. There is little information on improved function. Criteria for the use of epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, injections should be performed using fluoroscopy guidance, a maximum of 2 injections should be performed, no more than 2 nerve root levels should be injected using transforaminal blocks, no more than 1 interlaminar level should be injected at 1 session, and repeat blocks should be based on continued objective documented pain and functional improvement. Within the documentation provided for review, there was no mention of a trial of failed conservative care and there was also no diagnostic studies corroborating the presence of cervical radiculopathy. Due to the lack of evidence of a failed trial of conservative care and imaging corroborating radiculopathy, the medical necessity of epidural steroid injections cannot be warranted. As such, the request for cervical spine epidural injection is not medically necessary.