

<b>Case Number:</b>	CM13-0051270		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/02/2004
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in Maryland, Florida and District of Columbia. 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 59-year-old male who sustained a work related injury on 12/02/2004 while employed by [REDACTED]. He fell from a house that was being demolished. A forklift caused part of the building on which he was working to collapse, causing him to fall some 12 feet to a concrete floor. He landed on his back, injuring his back, neck, right shoulder, and right wrist. He experienced a brief loss of consciousness. He was taken to the emergency room at [REDACTED]. The diagnoses were lumbar strain, left knee sprain, and right ankle sprain. [REDACTED] was released the same day and upon his return home he began to experience very significant pain. He did not return to work. On 12/15/04, he was evaluated by orthopedic surgeon [REDACTED]. He was treated and released and followed up with orthopedic surgeon. Left knee arthroscopic surgery was done on 03/09/05 and 03/30/05, followed by right ankle surgery on 03/06. He continues to treat with orthopedic surgeon for pain in low and mid back and neck; bilateral shoulders; left elbow; bilateral wrists; left knee and right ankle. Treatment included PT, medications, and pain ointment. It is noted he remains P&S. On 07/11/11 he reported to orthopedic surgeon that his pain had increased in all affected areas. It was recommended he be referred for acupuncture treatment (Not covered under [REDACTED]), and chiropractic care. It was also recommended that he be referred to a psychologist. An orthopedic mattress (Not covered under [REDACTED] as [REDACTED] is not homebound) was recommended for his lumbar spine. On 11/15/11 he was seen for a psychologist QME that diagnosed him with mixed anxiety and depression. He was recommended for a course of psychiatric treatment; psychotherapy on a weekly basis and psychotropic medications as prescribed. Acupuncture provided little relief, and right shoulder was treated with injections. MRI right shoulder showed full-thickness rotator cuff tear as a result of chronic impingement. At request for Cervical

epidural injection was requested earlier. However on August 26, 2013, at a follow-up office visit it was indicated that the patient complained of severe pain in his neck and low back. He declined additional epidural injections at that time as he had already attempted same without improvement.

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

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

**Cervical epidural steroid injection via cath left and right C4-C5 under fluoroscopy and monitored anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, ESI

**Decision rationale:** With respect to cervical epidural steroid injection, on August 26, 2013, at a follow-up office visit it was indicated that the patient complained of severe pain in his neck and low back. He declined additional, epidural injections at that time as he had already attempted same without improvement. Therefore the request for epidural steroid injection (ESI) - multi-level ESI cervical via catheter at Left C4-C5, Right C4-C5 is not medically necessary. Use of epidural steroid injection in the absence of documentation of physical signs of radiculopathy is not clinically indicated or supported by current medical literature. The patient has previously received epidural steroid injection. There is no documentation of significant functional benefit following administration of this injection. Repeating this intervention in the absence of documentation of significant functional benefit following prior injection is not clinically indicated or support by current medical guidelines.