

<b>Case Number:</b>	CM13-0058369		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 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 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 patient is a 43 year old male with date of injury 8/17/10. The treating physician report dated indicates that the patient has pain affecting the cervical and lumbar spine rated a 5-6/10 with reported pain and numbness down both legs to the feet as well as pain and numbness down both of his arms to his hands, left greater than right. The current diagnoses are C4/5 DDD, arthropathy, retrolisthesis, canal stenosis C3/4, C4/5, C5/6 and C6/7, neural foraminal narrowing C4/5 and cervical radiculopathy. The utilization review report dated 11/4/13 denied the request for Interlaminar ESI with catheter placement at C7/T1 to target the C3/4 and C5/6 levels based on the rationale that the request did not meet the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTERLAMINAR EPIDURAL STEROID INJECTION WITH CATHETER PLACEMENT AT C7-T1 TO TARGET C3-C4 AND C5-C6 LEVEL 1X1: Upheld**

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

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

**Decision rationale:** The patient presents with chronic neck pain and bilateral arm pain with numbness down both arms to his hands left greater than right. The 10/4/13 treating physician report states that there is tenderness to palpation of the cervical spine with decreased cervical ranges of motion. Decrease sensation to the left C5, C6, C7 and C8 dermatomes. Motor exam is 4+/5 bilateral deltoids, biceps, internal and external rotators and wrist extensors and flexors. Cervical MRI dated 2/16/13 reveals C3/4 2mm disc protrusion, at C4.5 there is a 2mm posterior disc protrusion and a 3mm anterior disc protrusion, at C5/6 there is a 2mm central and right paracentral disc protrusion with a 3mm posterior disc protrusion. The 2/21/13 EMG/NCV report indicates bilateral median neuropathy consistent with carpal tunnel syndrome with no cervical radiculopathy. The California MTUS guidelines are used for this request. The first criteria for epidural steroid injection states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's 2/21/13 EMG/NCV report states that no radiculopathy is present. While the patient presents with radicular symptoms, there is no clear diagnosis of radiculopathy that require "dermatomal distribution" of pain/paresthesia corroborated by MRI findings. The MRI in this case, shows only 2-3 mm disc protrusions that may or may not be significant. The patient has diffuse pain down both arms that are not explained by MRI findings. Furthermore, the provider has asked for catheter placement but there is lack of guidelines support for the use of catheters to target the levels. The guidelines do not discuss this option. Recommendation is for denial.