

<b>Case Number:</b>	CM13-0059729		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Emergency Medicine 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:

This is a patient with a reported date of injury on 4/25/13. Mechanism of injury was reported as a direct blow to L hand and head by an exercise ball. The patient has a diagnosis of cervical myalgia, cervical myospasms, cervical radiculitis, cervical disc herniation and cervical spine degenerative disc disease. Medical reports reviewed. Report reviewed until 10/31/13. This is a retrospective review. Patient already received the procedure on 9/13/13. Since this is a retrospective review, charts prior to procedure and just after was reviewed to determine if patient met criteria for procedure as per MTUS guidelines. Some additional reports and notes were sent after 10/31/13 but these reports were not reviewed since new information do not retrospectively affect the criteria used for review. Many of the recent reports are very brief. Patient complains of headaches and neck pains. Pain radiates to L wrist/hand with numbness and tingling. Objective exam reveals mildly decreased cervical range of motion. There is no sensory or motor exam documented anywhere. There is no radicular testing noted in any of the notes. Note from 10/31/13 mentions plans for potential future cervical surgery. MRI of Cervical Spine (6/21/13) revealed mild straightening of lordotic curve, broad based disc protrusion leading to mild central stenosis at C4-5; moderate stenosis at C5-6 to 3.5mm disc/endplate osteophyte complex. There is multilevel disc protrusion from C6-T1 causing neuroforaminal narrowing. The Patient has received medications and acupuncture. There is some notes mentioning prior physical therapy but no notes of how many PT sessions or what response was noted. Medications include: glucosamine, Tramadol, Terocin, Vicodin, Xanax and ibuprofen. Patient is also on multiple topical analgesics and supplements. Independent Medical Review is for cervical epidural under fluoroscopy. Request is for retrospective procedure that was already done on 9/13/13. Prior UR on 11/13/13 recommended non-certification.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **A Cervical Epidural Under Fluoroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection(ESI) Page(s): 45.

**Decision rationale:** As per the MTUS Chronic Pain guidelines, Epidural Steroid Injection (ESI) may be recommended as an option under specific criteria. Its primary purpose is to reduce pain and inflammation to avoid surgery or to allow increased active therapy. Basic criteria for approval: 1) Radiculopathy is documented. There is no proper documentation of a physical exam that is consistent with radiculopathy. It does not meet criteria due to; 2) initially unresponsive to conservative therapy. Providers have failed to document the existing plan and prior treatment. There is documentation of failure of physical therapy or other conservative modalities. Fails criteria; and 3) Treatment is to decrease pain, to allow pt to improve function and prevent surgery. There is no documentation of a plan for ESI to increase tolerance for physical therapy or to avoid surgery, in fact a note mentions plans for potential surgery. Patient fails all basic criteria for recommendation for ESI therefore Epidural Steroid Injection is not medically necessary.