

<b>Case Number:</b>	CM13-0062710		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/20/2000
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Neurology and is licensed to practice in Arizona. 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 66-year-old female who sustained a work related injury on 06/20/2000 as a result of cumulative trauma to the cervical region. On her re-evaluation appointment documented on 10/7/13, the patient reports decreased symptoms; except for increased left upper extremity symptoms. The patient reports continued tenderness at the base of the skull, cervical spine and bilateral trapezius pain and tenderness. These symptoms extend to the right triceps and distally to the ulnar distribution to the right little finger w/ numbness and along the radial aspect of the index finger and thumb. The symptoms occasionally extend to the left upper extremity. She continues to have weakness of the right upper extremity and continues to drop things with her right hand. She reports improvement in her sleep with the most recent changes in her medications. Currently she is utilizing Neurontin, Baclofen, Norco, and Lidoderm patches, Lisinopril, Prozac, Wellbutrin and Trazodone. On examination, she has tenderness of the paraspinal, levator scapulae and trapezius muscles bilateral with noted hypertonicity of the trapezius bilaterally. The cervical spine has limited range of motion in all axes of motion. Her MRI dated 7/11/12 demonstrates multilevel intervertebral disc bulge, most predominately at C4-5, C5-6 and C6-7 w/ a measured 1.5mm broad-based posterior disc bulge at C4-5, C5-6 intending the anterior thecal sac with a mild to moderate right neural foraminal narrowing at each level respectively. C5-6 has marked narrowing of the left neural foramen. At C6-7 there is a disc bulge intending the anterior thecal sac with a mild right neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL TRANSFORAMINAL EPIDURAL STEROID INJECTION FOR RIGHT C5-6 SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI)

**Decision rationale:** Cervical epidural corticosteroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy with current guidelines recommend no more than 2 ESI (epidural steroid injections). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "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, with a general recommendation of no more than 4 blocks per region per year". The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. Although there is specific documentation of radicular symptoms, her MRI as of 7/11/12 does not collaborate with her symptoms. An exhaustive review of provided medical records did not identify an electrodiagnostic testing having been performed. As a result of my review, I find the request for EIS medically unnecessary.