

<b>Case Number:</b>	CM13-0067650		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 patient is a 46 year old male who was injured on 04/10/2012 when he fell down on the stairs while he was carrying two boxes. Prior treatment history has included epidural steroid injection which did not provide him with any relief of his symptoms. He has also had physical therapy on 11/12/2013 which resulted in functional improvement. Diagnostic studies reviewed include EMG/NCS dated 12/10/2012 revealed a normal study. An X-ray of the pelvis revealed no evidence of pelvic fracture. An MRI of the lumbar spine dated 09/18/2012 revealed L3-4 disc desiccation and degeneration are present. L4-5 revealed evidence of disc desiccation and degeneration. There is a 2 mm disc protrusion present which extends into both neuroforaminal exit zones. L5-S1 revealed mild facet degenerative changes. He had a chest x-ray performed on 04/11/2012 which revealed a normal study. An MRI of the cervical spine dated 04/11/2012 demonstrated disc protrusion at C5-6. On a physician's report dated 11/12/2013, the patient presented with complaints of neck pain with headache and dizziness with associated numbness and tingling in the bilateral upper extremities. He also had right shoulder pain, right elbow pain and low back pain. On exam, cervical spine range of motion revealed flexion to 30 degrees, extension to 30 degrees, left lateral flexion to 15 degrees; right lateral flexion to 15 degrees; left rotation to 40 degrees; and right rotation to 40 degrees. There is tenderness to palpation over the paravertebral muscles with spasm. Cervical distraction is positive bilaterally; maximal foraminal compression positive bilaterally; shoulder depression is positive bilaterally; and Soto-Hall is positive bilaterally. Sensation is decreased in right hand. The upper extremity revealed tenderness to palpation on the right. Shoulder range of motion is decreased in abduction to 160 on the right, adduction to 10 on the right, forward flexion to 160 on the right, extension to 20 on the right; internal rotation to 65 on the right and external rotation to 65 on the right. He has positive Apley Scratch test, supraspinatus test, and impingement test. The elbow revealed

positive valgus stress test. The patient is diagnosed with cervical spine herniated nucleus pulposus, post-traumatic headaches, right shoulder myoligamentous injury; right elbow contusion, lumbar spine herniated nucleus pulposus, secondary stress, anxiety, and depression, and post concussive syndrome. It is recommended the patient undergo physical therapy twice a week for 3 weeks.

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

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

#### **FLUOROSCOPICALLY GUIDED CERVICAL EPIDURAL STEROID INJECTIONS TO THE MIDLINE C5-6: Upheld**

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Although the cervical MRI performed on April 2012 demonstrates disc bulging at the level of C5-6, the EMG/NCS performed later in December 2012 revealed normal findings as per the report dated 12/14/2012. As per the record dated 10/9/2013; the patient underwent two previous sessions of ESIs in May and August 2013. The MTUS Chronic Pain Guidelines do not support a series of three injections in either the diagnostic or the therapeutic phase. Furthermore, the progress report dated 11/12/2013 documents that the patient has received previous physical therapy in which he has shown significant functional improvement, which does not meet the MTUS Chronic Pain Guidelines' criteria that necessitate the presence of radiculopathy that is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Therefore, the request is not medically necessary and appropriate.