

<b>Case Number:</b>	CM13-0067883		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/12/2013
<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, 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 57-year-old female with date of injury of 04/15/2008. The listed diagnoses per [REDACTED] dated 11/18/2013 are cervicalgia, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, sprain and strain of the thoracic region and sleep disturbance, not otherwise specified. According to the report, the patient has increased pain levels since her last visit. Her current pain level is a 10/10 without any medications. She is still experiencing numbness in both legs. Her pain is worse with prolonged standing and walking. She uses the cane all the time due to weakness in the legs. The physical examination shows that the patient is well nourished and well developed. The patient does not appear to be in acute distress. Her gait is antalgic, assisted by a cane. Range of motion is restricted with flexion limited to 5 degrees (limited by pain) and extension limited to 10 degrees (limited by pain). Straight leg raise test is positive on both sides in a sitting position. The utilization review denied the request on 12/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT BILATERAL EPIDURAL STERIOD INJECTION (ESI) AT C5 AND C6:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck and low back pain. The provider is requesting a bilateral epidural steroid injection at C5 and C6. The California MTUS Guidelines page 46 and 47 states that epidural steroid injections are recommended as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In addition, California MTUS states that no more than 2 nerve root levels should be injected using transforaminal blocks. The 08/06/2013 report referenced an MRI of the cervical spine dated 11/14/2011 noting, "At C5-6 there is mild to moderate left-side foraminal narrowing. There is canal stenosis which is 8.5mm midline AP." In this same report, the provider documents sensory examination is altered in the bilateral upper and lower extremities but "not in any dermatomal distribution." Furthermore, the EMG dated 12/13/2013 shows no evidence of acute or chronic left cervical radiculopathy. The review of reports does not show any recent or prior epidural steroid injection for the cervical spine. In this case, the patient does not report any radiating symptoms specifically in the C5 and C6 dermatome and MRI only showed left-side mild foraminal stenosis. Given the lack of a clear diagnosis of cervical radiculopathy supported by imaging or diagnostic studies, recommendation is for denial.

**OUTPATIENT TRANSFORAMINAL EPIDURAL STERIOD INJECTION (ESI) at L4 and L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck and low back pain. The provider is requesting a transforaminal epidural steroid injection at L4 and L5. The California MTUS Guidelines page 46 and 47 on epidural steroid injections state that it is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Furthermore, no more than 2 nerve root levels should be injected using transforaminal blocks. The 08/06/2013 report mentions an MRI of the lumbar spine, the date of which is unknown, showing minimal posterior annular disk bulging and diffuse end plate spurring with mild facet arthropathy at L4-5. The progress report dated 11/18/2013 documents decreased range of motion in the lumbar spine including a positive bilateral straight leg raise. The 12/13/2013 EMG report, however, does not show any acute or chronic left lumbar radiculopathy. The review of records show that the patient has not had any previous epidural steroid injection at L4 and L5. In this case, the patient presents with some radiating symptoms but not in a specific dermatomal distribution. Furthermore, the MRI notes mild disk bulge and facet arthropathy, nothing that would corroborate radiculopathy. Given the lack of a clear diagnosis of lumbar radiculopathy recommendation is for denial.

