

<b>Case Number:</b>	CM13-0068112		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/12/1995
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, 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 54 year old male injured on 01/12/95 due to an undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. The patient underwent multiple spinal surgeries and spinal cord stimulator placement. Clinical documentation indicated 40% pain relief following spinal cord stimulator placement. The most recent clinical note indicated the patient reported bilateral upper extremities and bilateral lower extremities numbness and tingling extending to her hands and feet. The patient reported left lower extremity was worse than the right. The patient was also currently working with the spinal cord stimulator representative to adjust the stimulator settings. The patient reported current medication regimen improved her activities to allow her to be able to sit, stand, and walk longer. The patient reported the Lyrica decreased neuropathic pain allowing her to perform her activities of daily living with less pain. Physical examination revealed paraspinal tenderness on the left and right, painful rotation bilaterally, pain with extension and flexion, positive foraminal closure test bilaterally, tenderness to palpation over the lumbosacral spine, pain with flexion, straight leg raise negative bilaterally, 4+ right sacroiliac joint tenderness, decreased sensation to bilateral C6 nerve root and equal bilaterally weakness of strength to thumb opposition and weakness over bilateral lower extremities. Current medications included Prilosec, Lantus, Lyrica, Lidoderm patch, Norco, and ibuprofen

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDURAL STEROID INJECTIONS BILATERALLY AT C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Cervical and Thoracic Spine Disorders- Online Version.

**Decision rationale:** As noted in the online version of the ACOEM Guidelines, Cervical and Thoracic Spine Disorders chapter, epidural steroid injections are not recommended for the treatment of chronic cervicothoracic pain with radicular symptoms. Additionally, radiculopathy must be corroborated with electrodiagnostic tests and/or radiologic exam findings. These were not made available for review. As such, the request for epidural steroid injections bilaterally at C5-C6 is not medically necessary and appropriate.