

<b>Case Number:</b>	CM14-0005325		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/29/2005
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 65-year-old male who reported an injury on 06/19/2005. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 12/12/2013, it was noted the injured worker complained of pain to the bilateral neck which radiated to the bilateral shoulders, on the left greater than the right, with associated back stiffness and headaches. He rated his pain 4-5/10 in severity. The injured worker reported pain traveled down his arms. The injured worker underwent a cervical epidural steroid injection on 10/24/2013 with 50% relief of pain over 6 weeks. The provider documented the injured worker underwent a cervical MRI on 08/29/2013 which revealed C3-4 moderate bilateral neural foraminal narrowing, C6-7 moderate to severe right neural foraminal narrowing and moderate left narrowing. Upon physical exam, the provider noted tenderness to palpation over bilateral cervical paraspinal throughout the cervical area. The provider indicated the injured worker had a positive Spurling's sign bilaterally, right greater than left. The provider requested 1 catheter directed cervical epidural steroid injection at bilateral C6-7 for improvement of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 CATHETER DIRECTED CERVICAL EPIDURAL STEROID INJECTION AT BILATERAL C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI).

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The guidelines note radiculopathy must be documented upon physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants if used for diagnostic purposes, a maximum of 2 injections should be performed. The guidelines note repeat blocks should be based on continued objective documented pain and functional improvement at least 50 % with pain relief with associated reduction of pain medication use for six to eight weeks, with a recommendation of no more than 4 blocks per region per year. There is a lack of documentation indicating the injured worker has been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs and muscle relaxants. The provider documented the injured worker has decreased strength of the upper extremities, as well as a positive Spurlings. The requesting physician did not provide an official copy of the cervical spine MRI. The prior injection provided the injured worker with 50% relief of pain over 6 weeks; however there is a lack of documentation indicating the level of the injection. There is a lack of documentation indicating the injured worker had significant functional improvement with the injection as well as decreased medication usage. Additionally, there is a lack of significant findings of radiculopathy upon physical exam within the clinical documentation submitted including decreased sensation. Therefore, the request for one catheter directed cervical epidural steroid injection at bilateral C6-7 is not medically necessary and appropriate.