

<b>Case Number:</b>	CM14-0005877		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/26/2013
<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 Anesthesiology and has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 60-year-old male who has submitted a claim for cervical degenerative disc disease, cervical facet arthropathy, multilevel cervical stenosis, multilevel moderate-to-severe lumbar stenosis, right knee degenerative joint disease and ACL tear, right rotator cuff tear, right shoulder slap lesion, chronic pain associated with an industrial injury date of December 6, 2005. Medical records from 2013 were reviewed, the latest of which dated December 17, 2013 revealed that the patient continues to complain of moderate to severe pain in the back rated 8/10 and in the neck rated 8-9/10. He reports that the pain affects his sleep. He states that he is tired, sleepy and nods off at times. Progress report dated November 13, 2013 revealed that the patient presents with neck, mid and low back pain rated an 8-9/10. He continues to have numbness and tingling down his bilateral lower extremities. He notes that with medications, he can do his activities around the house such as cooking, cleaning and doing laundry. He also notes he can provide self-care with the medications. On physical examination, there is tenderness over the cervical, thoracic and lumbar paraspinal muscles and midline. Range of motion of the cervical, thoracic and lumbar spine is decreased in all planes. There is decreased sensation in the bilateral C6, C7 and C8 dermatomes, and throughout the bilateral lower limbs. Motor examination is 5-/5 for bilateral upper extremities and left tibialis anterior extensor hallucis longus. MRI of the cervical spine done last March 8, 2011 revealed possible C6-C7 fusion with possible pseudoarthrosis. There was spinal stenosis of unspecified degree at C3 through T1. There was also neuroforaminal narrowing at several levels. MRI of the cervical spine done last May 8, 2013 revealed cervical degenerative disc disease, cervical facet arthropathy, multilevel cervical stenosis. CT scan of the cervical spine done last October 3, 2013 revealed multilevel severe degenerative disc disease and facet arthropathy, multilevel mild to moderate canal stenosis, multilevel moderate to severe neural foraminal narrowing. Treatment to date has included L2-L3

decompression (1/3/13), cervical epidural steroid injections C4, C5, C6 (5/11/12), lumbar epidural steroid injection, and medications which include Norco, Robaxin, gabapentin, Cymbalta, tizanidine, methocarbamol, Vicodin, and Neurontin. Utilization review from December 26, 2013 denied the request for Cervical epidural steroid injection at C4-5 because the result of the prior cervical epidural steroid injection was not reported and the diagnosis of cervical radiculopathy is unsupported.

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

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

#### **CERVICAL EPIDURAL STEROID INJECTION AT C4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. In this case, the patient had a prior cervical epidural steroid injection; however, the percent improvement and duration are unknown due to lack of documentation. Furthermore, there are insufficient subjective and objective findings to support the diagnosis of cervical radiculopathy. The medical necessity of a repeat cervical epidural steroid injection was not established. Therefore, the request for Cervical Epidural Steroid Injection at C4-5 is not medically necessary.