

<b>Case Number:</b>	CM14-0102107		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 57-year-old male who reported an injury on 04/14/2006 due to unspecified mechanism of injury. The injured worker had a history of back and neck pain. The injured worker had diagnoses of cervical spine sprain/strain with disc herniation at the C5-6 and C6-7. The prior surgical procedures included status post anterior cervical discectomy, status post lumbar anterior corpectomy at the L4-5 and L5-S1, laminectomy at the L4-S1 with foraminotomies at the L4, L5, and S1 bilaterally, and bilateral lateral fusion dated 05/22/1998, and a lumbar fusion at the L4-S1 hardware removal with repair of pseudarthrosis at the L5-S1. Prior diagnostics included x-rays and MRIs. The prior treatments included medication, steroid injections, and physical therapy. The physical examination of the lumbar spine dated 04/07/2014 revealed flattening of the lumbar spine due to bilateral paravertebral muscle spasms, skin pinch tenderness over the lumbar spine midline, surgical scar over the lumbar spine measured 15 cm that is unchanged, also a lower left abdomen scar from the lumbar surgery. The range of motion of the lumbar spine revealed flexion of 15 degrees, extension 0 degrees, with bilateral lateral bending markedly limited. Knee ankle jerks were present and equal bilaterally. Straight leg raise with seated positive was 50 degrees bilaterally, unable to perform the test in supine position. Sensory examination demonstrated decreased sensation to the left lower extremity at the L4 distribution, grade 4 above the knee and grade 3 above the knee. The motor power was selectively tested and muscles revealed no gross weakness with grade 5. The physical examination of the cervical spine revealed no gross deformities, no muscular rigidity or spasms, there was a transverse scar noted at the lower anterior neck, well healed. No palpable tenderness. Flexion was 12 degrees, extension 23 degrees. Sensory examination revealed marked decreased sensation of the ring and little fingers of the left hand grade 2/5 in the ulnar distribution. Muscles revealed no gross weakness of grade 5. Radial pulses were palpable

bilaterally. The medications included Dilaudid, citalopram, gabapentin, ibuprofen, and self-injected Toradol. The treatment plan included a cervical steroid injection. The Request for Authorization was not submitted with documentation. The rationale for the cervical epidural steroid injection was not provided.

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

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

**Cervical Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ESIs

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

**Decision rationale:** The request for cervical epidural steroid injection is not medically necessary. The California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The clinical notes were not evident that the injured worker had been responsive to conservative care. The request did not address the location of the cervical spine or how many injections the injured worker was to get. As such, the request for Cervical Epidural Steroid Injection is not medically necessary.