

<b>Case Number:</b>	CM14-0111012		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/28/2006
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 injury on 03/28/2006. The mechanism of injury was the injured worker was in the back of a bus that was broad sided by a car that ran a stop sign. The injured worker's medications included Relafen. The other therapies were not provided. The injured worker underwent an MRI of the cervical spine on 06/10/2014, which revealed at the level of C6-7 there was a 3 mm broad based posterior disc protrusion contacting the cord and there was a 3.5 mm right lateral disc/spur complex which severely narrowed the right neural foramen. The injured worker underwent an MRI on 06/10/2014, which revealed at the level of L5-S1 there was bilateral facet hypertrophy, spinal stenosis and bilateral foraminal narrowing, as well as a 3 mm posterior disc protrusion. The documentation of 06/17/2014 revealed the injured worker had continued neck pain. The injured worker was now having pain into his arm. The injured worker had back pain with radiation down to his leg. The documentation indicated the injured worker had MRIs of the neck and back showing evidence of nerve root impingement. The pain was noted to be described as moderate. The physical examination revealed the injured worker had tenderness in the cervical paraspinal muscles and trapezial muscles. The range of motion was decreased in the cervical spine. The injured worker had finger intrinsic strength of 4/5. The examination of the lumbar spine revealed tenderness in the lumbar paraspinal muscles. The injured worker had a straight leg raise at 60 degrees. The injured worker had 4/5 strength of the peroneal muscles. Sensation was intact. Neurologically there were no abnormal reflexes. The diagnoses included a C6-7 disc protrusion and L5-S1 disc protrusion with a history of good results from epidural steroid injection. The treatment plan included an epidural steroid injection at C6-7 and L5-S1. There was no Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Epidural Steroid Injection L5-S1: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend for repeat epidural steroid injections there should be documentation of at least 50% reduction in pain with associated reduction in medication usage for 6 to 8 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had prior epidural steroid injections with good benefit. However, there was a lack of documentation indicating what "good benefit" meant and there was a lack of documentation of the above criteria. Given the above, the request for epidural steroid injection at L5-S1 is not medically necessary.

### **Epidural Steroid Injection C6-7: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend for repeat epidural steroid injections there should be documentation of at least 50% reduction in pain with associated reduction in medication usage for 6 to 8 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had prior epidural steroid injections with good benefit. However, there was a lack of documentation indicating what "good benefit" meant and there was a lack of documentation of the above criteria. Given the above, the request for epidural steroid injection at L5-S1 is not medically necessary.