

<b>Case Number:</b>	CM14-0111187		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/24/2014
<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, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/09/13 when he was involved in a motor vehicle accident where his vehicle was struck on the driver side. Treatments included medications and physical therapy. An MRI of the lumbar spine in June 2013 showed findings of multilevel mild to moderate facet hypertrophy with mild to moderate foraminal and mild canal stenosis. An MRI of the cervical spine in June 2013 showed findings of straightening of the cervical spine suggestive of muscle spasm with mild multilevel degenerative disc disease without neural compromise. He was seen on 02/05/14. He was having constant neck pain radiating into the upper extremities and bilateral occipital headaches. He was having difficulty sleeping. He had low back pain radiating into both lower extremities. Pain was rated at 9.5/10. Physical examination findings included decreased and painful lumbar spine range of motion with decreased lower extremity sensation. Straight leg raising was positive bilaterally. He had lumbar paraspinal muscle tenderness. Spurling's testing was negative. Tinel's test was positive bilaterally. Gabapentin, hydrocodone/acetaminophen, and Naprosyn were prescribed. Tramadol was discontinued due to side effects. On 03/05/14 pain was rated at 7-9/10. Authorization for a lumbar epidural steroid injections was requested. He underwent the injection in April 2014 without improvement. On 05/28/14 he was having ongoing symptoms. Physical examination findings appear unchanged. Medications had included TENS and Butrans with limited benefit. He had ongoing neck pain radiating into the upper extremities and low back pain radiating into the lower extremities. He was having lower extremity numbness and tingling with weakness. Pain was rated at 7-10/10. Physical examination findings included a negative Spurling's test. Tinel's test was positive bilaterally. There was cervical spine trapezius and paraspinal muscle tenderness with decreased range of motion. Imaging results were reviewed.

Hydrocodone/acetaminophen 10/325 mg #30, gabapentin 600 mg #60, and Tylenol number 4 #30 were prescribed. Authorization for a cervical epidural steroid injection was requested. EMG/NCS testing in July 2014 included findings of moderate bilateral carpal tunnel syndrome with borderline left ulnar neuropathy at the elbow.

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

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

**Cervical Epidural Steroid Injection QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI)

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for neck pain radiating into the upper extremities. testing has included an MRI of the cervical spine without reported neural compromise. When seen by the requesting provider, there was a negative Spurling's test. Tinel's testing was positive bilaterally consistent with a diagnosis of carpal tunnel syndrome which was subsequently confirmed by EMG/NCS testing. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, none of these is met and therefore the requested cervical epidural steroid injection is not medically necessary.