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| <b>Case Number:</b>   | CM14-0114707 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 03/23/2009 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/22/2014 |

### 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 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 42-year-old male who reported an injury on 03/23/2009 when he worker had restrained an inmate during a course of an altercation with another inmate. The injured worker indicated the aggressor had slipped and fallen down into the grass, and he had handcuffed the minor as he fell. The injured worker had sharp lower back pain as he hit the ground falling with the aggressor. The injured worker's treatment history includes MRI, EMG/NCV studies, x-rays, ESI injections, cortisone injections, and physical therapy. He was evaluated on 07/15/2014, and it was documented that the injured worker complained of neck pain and low back pain. His pain was rated at 7/10 in intensity with medications, and without medications it was a 9/10. Within the documentation, the provider noted the injured worker was status post facet radiofrequency rhizotomy at lumbar level bilateral L4-S1 which took place on 05/20/2014. He reported 50% to 80% overall improvement. The injured worker reported functional improvement of decreased pain medication requirements and improved mobility, as well as the duration of improvement was continuing at this time. The injured worker reported the use of a TENS unit was helpful. The physical examination revealed spinal vertebral tenderness was noted in the cervical spine C4-7. There was tenderness noted on palpation of the bilateral paravertebral C5-7 area. The range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Lumbar examination revealed no gross abnormality. Tenderness was noted upon palpation of the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was slightly too moderately limit. Pain was significantly increased with flexion and extension. Sensory exam showed decreased sensitivity to the left lower extremity. Medications included Naprosyn, Flexeril, and Tramadol. Diagnoses included cervical disc degeneration, cervical facet arthropathy, cervical radiculitis, chronic pain other, lumbar facet arthropathy, lumbar radiculopathy, and chronic pain other. The Request for

Authorization was not submitted. However, the rationale for the epidural steroid injection was to relieve the injured worker's back pain.

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

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

**Bilateral C6-7 Epidural Steroid Injection:** 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 (ESIs) Page(s): 46.

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in dermatome distribution with corroborative findings of radiculopathy. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, non-steroid anti-inflammatory drugs (NSAIDs) and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, pain medication management and prior physical therapy outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for bilateral C6-7 epidural steroid injection is not medically necessary.