

<b>Case Number:</b>	CM14-0116766		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/02/1998
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 61 year old female with an injury date of 03/02/98. Based on the 05/29/14 progress report, the patient complains of limited range of motion to the neck and arms associated with severe muscle spasms. She rates her pain as an 8-9/10. The patient has moderate to severe headaches with blurry vision. "Cervical pain is also associated with tingling and numbness as well as weakness to bilateral arms while carrying objects, writing or grasping." She has pain over bilateral buttocks radiating to posterior and lateral aspect of bilateral thighs with numbness and tingling increasing in severity. "Patient is suffering from multiple cervical herniations with signs and symptoms of radiculitis/radiculopathy of upper and lower extremities progressing in nature, matching dermatomal distribution correlated with positive MRI results." She has severe sacroiliac joint inflammation with signs of radiculopathy to the posterior and lateral aspect of thigh. The patient has weakness in her bilateral arms and cervical paraspinal muscles have been noticed on deep palpation with severe guarding associated with reproduction of pain at level 8/10. Deep palpation over cervical spinous process at level C3, C4, C6, C7 reproduced severe pain radiating to corresponding dermatome in bilateral arms. The cervical compression, cervical distraction, and Adson test were all positive. The 11/29/12 MRI of the cervical spine revealed the following: 1. There is prior multilevel anterior discectomy, anterior spinal fusion, and intervertebral disc fusion spanning C4 though C6. There is mild disc degeneration at C3-4 with a 2 mm broad based posterior disc protrusion resulting in mild right C3-4 foraminal encroachment. 3. There is a 2-2.5 mm broad based posterior disc protrusion at C6-7 with mild disc degeneration. There is mild bilateral C6-7 foraminal encroachment and moderate central C6-7 spinal canal stenosis. The patient's diagnoses include the following: 1. Cervical musculoligamentous injury 2. Cervical disc herniation 3. Cervical paraspinal muscle spasm,

severe4.Cervical radioclitis of the upper extremities5.Sacroilitis of the left sacroiliac joint, progressing [REDACTED] is requesting for first cervical epidural steroid injection under fluoroscopy guidance at C7, T1. The utilization review determination being challenged is dated 07/14/14. [REDACTED] is the requesting provider, and provided treatment reports from 03/18/14-05/29/14.

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

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

**First cervical epidural steroid injection under fluoroscopy guidance at C7, T1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** According to the 05/29/14 report, the patient presents with limited range of motion to the neck and arms associated with severe muscle spasms. The request is for first cervical epidural steroid injection under fluoroscopy guidance at C7, T1. This is the patient's first epidural steroid injection. MTUS guidelines pages 46-47 regarding cervical epidural steroid injections state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 05/29/14 reports states that the patient has "Deep palpation over cervical spinous process at level C3, C4, C6, C7 reproduced severe pain radiating to corresponding dermatome in bilateral arms." It is not known what this palpation reproducing pain down the arm means but the treater may believe this denotes radiculopathy. While the patient has bilateral arm pains, the patient has multi-level fusion from C4-6. There is bilateral foraminal stenosis at C6-7 but the patient does not present with C7 radicular symptoms, but diffuse pain down both arms in all nerve distribution. It is unlikely that ESI would make a difference. Furthermore, MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request is not medically necessary.