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| <b>Case Number:</b>   | CM14-0160288 |                              |            |
| <b>Date Assigned:</b> | 10/03/2014   | <b>Date of Injury:</b>       | 11/17/2013 |
| <b>Decision Date:</b> | 11/06/2014   | <b>UR Denial Date:</b>       | 09/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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 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 injured worker is a 54 year old male who reported an injury on 11/17/2013. The mechanism of injury was a fall. He was diagnosed with discogenic syndrome lumbar, discogenic syndrome cervical, diabetes, hypertension, obesity, shoulder pain, impingement and rotator cuff injury. Past medical treatment included a previous steroid injection, (unspecified as to date or location) medication, and activity modification. The injured worker had previously undergone a lumbar laminectomy, no date specified. On 08/11/2014 the injured worker reported complaints of headache, pain to the neck, bilateral shoulders, low back and bilateral legs. On physical exam, he showed a stiff neck that moved with difficulty. Cervical spine flexion 10 degrees with pain at the neck on the right. Bilateral shoulder pain. His current medication regimen consists of MS Contin 15mg two times a day, Amitiza, 24mcg two times a day, Norco 10/325 four times a day, Ultram 50mg two times a day, Cymbalta, Celebrex, Losartan, Simvastatin and Insulin. The physician's treatment plan included an increase in his palliative pain control. There was no documented rationale for the cervical epidural steroid injection. The Request for Authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection (ESI) with fluoroscopy and anesthesia at C3 and C4:**  
Upheld

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

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

**Decision rationale:** The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The injured worker complained of continued pain in his neck and shoulders. There is a lack of documentation indicating the level at which the previous injection was performed. There is a lack of documentation demonstrating the injured worker's response to the prior injection including the amount of pain relief, percentage of improvement, evidence of decreased medication usage, and evidence of significant objective functional improvement. The requesting physician did not include an official MRI of the cervical spine and there is no evidence of significant neurologic deficit upon physical examination. Additionally, there is no indication that the injured worker has significant anxiety related to the procedure which would demonstrate the injured worker's need for anesthesia. As such, the request is not medically necessary.