

<b>Case Number:</b>	CM14-0173573		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old woman who sustained a work-related injury January 28, 2013. Subsequently, she developed chronic neck and low back pain. MRI of the lumbar spine dated March 25, 2013 showed a left lateral disc at L4-5. There was a significant foraminal stenosis on the right side at L4-5 and there was a foraminal disc at L5-S1 on the right side. Facet arthritic changes were noted at multiple levels, more so on the right side. MRI of the cervical spine dated May 27, 2014 showed multilevel cervical spondylosis with degenerative spondylolisthesis at C4-5. Mild spinal stenosis was also noted at the C4-5 through C6-7 levels. There was ventral cord flattening at C6-C7. Severe neural foraminal narrowing at right C4-5 and left C6-7 was noted as well. EMG on the lower extremities performed on August 30, 2013 documented right peroneal motor nerve demyelination and entrapment across the fibular head, demyelination of right tibial nerve, proximal abnormality of right tibial nerve, right sural sensory abnormality. According to a progress report dated September 16, 2014, the patient was having problems with the medication causing diarrhea. She was seeing a gastroenterologist who recommended stopping the Cymbalta due to increased serotonin levels. The patient switched to Lyrica and stated that the diarrhea has cleared up but she has about a 30 to 40% improvement with the numbness and tingling down the calf into the feet. The patient reported neck pain that radiates down the left arm towards the triceps region going to the left elbow and into the forearm and to the index finger of the left hand. At times, the patient also complained of sharp stabbing pains over the right lateral thigh that goes down to about the knee level with numbness and tingling that goes down the anterior and lateral right calf to the large toe and across the top of the foot. She also has some numbness on the left side that goes to the large toe only. On examination, the patient had a seated positive straight leg raise on the right leg for reproduction of symptoms down the lateral thigh and numbness and tingling into the foot and apparently in the L5 distribution. She had increased pain

in the neck with lateral flexion and extension and cervical foraminal compression testing did reproduce symptoms down the left arm in the C6-C7 distribution. The patient was diagnosed with degeneration of cervical intervertebral disc and lumbago. The provider requested authorization for lumbar epidural steroid injections and cervical epidural steroid injections.

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

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

**Lumbar epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, lumbar epidural steroid injection is not medically necessary.

**Cervical epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural steroid injection is not medically necessary.