

<b>Case Number:</b>	CM14-0180814		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Pain Medicine and is licensed to practice in Florida. 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:

10/7/14 note indicates the injured worker reported falling 1/4/13. The insured reported pain in the lumbar and cervical area. The insured has pain in the neck that radiates down into the right shoulder and right hand with associated numbness and tingling. Physical examination notes there is reduced range of motion of the cervical spine with sensation decreased in the right forearm. Strength is 5/5 and reflexes are equal at the biceps, triceps, and brachioradialis. 9/12/14 MRI of cervical spine reports multilevel DJD with mild to moderate bilateral foraminal stenosis at C5-6 and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Steroid Injection at C5-C6 and C6-C7: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, ESI Criteria for the use of Epidural Steroid Injections

**Decision rationale:** The medical records reported symptoms of radicular pain in the right arm with physical examination noting reduced sensation in the right forearm. The medical records do

not indicate physical examination findings or symptoms of radicular pain in a bilateral distribution. ODG guidelines support ESI for (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. As the medical records do not document the presence of bilateral objective findings, they do not support performance of a bilateral ESI procedure in multiple nerve root distributions. Therefore, this request is not medically necessary.

**Cervical Epidurogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: WebMD 2003, Radiologic Studies

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, ESI

**Decision rationale:** The medical records reported symptoms of radicular pain in the right arm with physical examination noting reduced sensation in the right forearm. The medical records do not indicate physical examination findings or symptoms of radicular pain in a bilateral distribution. ODG guidelines support ESI for (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. As the medical records do not document the presence of bilateral objective findings, they do not support performance of a bilateral ESI procedure in multiple nerve root distributions. Therefore, this request is not medically necessary.

**Insertion of Cervical Catheter using Fluoroscopic Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, ESI

**Decision rationale:** The medical records reported symptoms of radicular pain in the right arm with physical examination noting reduced sensation in the right forearm. The medical records do not indicate physical examination findings or symptoms of radicular pain in a bilateral distribution. ODG guidelines support ESI for (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. As the medical records do not document the presence of bilateral objective findings, they do not support performance of a bilateral ESI procedure in multiple nerve root distributions.

**IV (Intravenous) Sedation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper back Chapter, Epidural Steroid Injection (ESI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, ESI

**Decision rationale:** The medical records reported symptoms of radicular pain in the right arm with physical examination noting reduced sensation in the right forearm. The medical records do not indicate physical examination findings or symptoms of radicular pain in a bilateral distribution. ODG guidelines support ESI for (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. As the medical records do not document the presence of bilateral objective findings, they do not support performance of a bilateral ESI procedure in multiple nerve root distributions. Therefore, this request is not medically necessary.