

<b>Case Number:</b>	CM14-0020186		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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:

This patient sustained an injury on 10/21/11 while employed by the [REDACTED]. The requests under consideration include cervical transforaminal bilateral ESI (epidural steroid injection) C2-C3 and cervical transforaminal bilateral ESI (epidural steroid injection) C3-C4. The EMG/NCS of 4/3/12 showed a normal EMG without cervical radiculopathy, but noted slight CTS bilaterally. An MRI of the cervical spine dated 11/8/11 demonstrated multi-level degenerative disc and facet changes with neural foraminal narrowing and encroachment on exiting nerve roots. Conservative care has included physical therapy, medications, modified activities/rest, and multiple pain interventional procedures of cervical epidural steroid injections including procedures done on 5/31/12 of the transforaminal CESI at C3-4, C4-5, and C5-6 and on 11/1/12; repeat transforaminal CESI at C4-5, and C5-6 with report pain relief and improved activities of daily living (ADLs). The patient subsequently underwent anterior cervical decompression and fusion at C5-6 and C6-7 on 3/14/13. The patient underwent recent CESI at C5-6 and C6-7 on 11/27/13. The report of 1/13/14 from the provider noted that the patient with ongoing pain relief from recent CESI with improved ADLs of shoulder activities, dressing and lifting. Medications include Norco, Cyclobenzaprine, Relafen, and Omeprazole. The exam noted limited range of motion, moderate tight band, spasm, hypertonicity, tenderness, and trigger points, positive Spurling's at C2-4 for radicular symptoms; moderate facet loading maneuvers; positive Hoffman's sign; mild left hyperreflexia; diminished sensation with dysesthesias, paresthesias along bilateral C2-4 root; diffuse weakness at elbows and thumb, and mild diminished reflexes at bilateral biceps, triceps and brachioradialis of 2/4. The patient remained temporarily total disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical transforaminal bilateral ESI (epidural steroid injection) C2-C3 QTY: 2.00:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Table 8-8, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

**Decision rationale:** This patient sustained an injury on 10/21/11 while employed by [REDACTED]. The requests under consideration include: cervical transforaminal bilateral ESI (epidural steroid injection) C2-C3 and cervical transforaminal bilateral ESI (epidural steroid injection) C3-C4 QTY. An EMG/NCS of 4/3/12 showed normal EMG without cervical radiculopathy, but noted slight CTS bilaterally. An MRI of cervical spine dated 11/8/11 demonstrated multi-level degenerative disc and facet changes with neural foraminal narrowing and encroachment on exiting nerve roots. Conservative care has included physical therapy, medications, modified activities/rest, and multiple pain interventional procedures of cervical epidural steroid injections (Transforaminal CESI) including procedures done on 5/31/12 at C3-4, C4-5, and C5-6; on 11/1/12 at C4-5, C5-6; however, the patient subsequently underwent anterior cervical decompression and fusion at C5-6 and C6-7 on 3/14/13. Ongoing chronic pain symptoms remain and the patient underwent a recent CESI at C5-6 and C6-7 on 11/27/13. The report of 1/13/14 from the provider noted the patient with ongoing pain relief from recent CESI with improved ADLs of shoulder activities, dressing and lifting; however, multiple medications including opiates and muscle relaxants have remained unchanged. Clinical exam has also remained unchanged with chronic neurological deficits for both HNP and facet arthropathy. The patient has remained temporarily total disabled without specific functional improvement. The California MTUS, Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing not specifically defined with documented objections readings provided. The patient also had undergone previous cervical epidural injections as noted by the provider and was noted with pain relief; however, submitted reports have not adequately demonstrated any long-term significant pain relief or functional improvement from prior injections rendered, without meeting guideline duration criteria: symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged along with unchanged work and functional status. The cervical transforaminal bilateral ESI (epidural steroid injection) C2-C3 QTY: 2.00 are not medically necessary and appropriate.