

<b>Case Number:</b>	CM14-0027875		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 is a 37 year old employee with date of injury of 8/13/2013. Medical records indicate the patient is undergoing treatment for Brachial Neuritis, Cervical Radiculopathy and Lumbar Radiculopathy. Subjective complaints include Lumbar Radiculopathy, Myofascial pain syndrome and Bilateral Cervical Radiculopathy. Objective findings include: The cervical and lumbar spine examination revealed decreased range of motion, tenderness and spasm. Examination of the upper extremities and lower extremities showed normal motor, sensory and reflex function. The treating physician noted a normal gait. Imaging included a Negative brain MRI and a spinal MRI located a 3mm right-sided paramedian disk protrusion at L2-3, a 2mm disk protrusion at L3-4, a 3.5mm disk protrusion at L4-5 and a 4mm disk protrusion at L5-S1 without any significant spinal canal or foraminal stenosis. A cervical MRI noted a 2mm broad based disk protrusion at C5-6 and C6-7 without significant spinal canal or foraminal compromise. On 1/9/14 the physician's report stated no numbness or tingling. Treatment for this includes Lumbar Radiculopathy, Myofascial pain syndrome and Bilateral Cervical Radiculopathy has consisted of physical therapy, Norco, and Prednisone. The utilization review determination was rendered on 2/5/2014 recommending non-certification of a Cervical spine epidural steroid injection to C3-4 and a Lumbar spine epidural steroid injection to L2-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL SPINE EPIDURAL STEROID INJECTIONS TO C3-4: Upheld**

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

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

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The patient demonstrates no radiating pain or paresthesias in the upper extremities and there is no documentation of dermal pain in the upper extremities. The medical documents provided did not document a positive spurling test and upper extremity motor, sensory and reflex physical examinations were all normal. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. The medical documents provided do not provide evidence of cervical radiculopathy. As such, the request for CERVICAL EPIDURAL INJECTION is not medically necessary.

**LUMBAR SPINE EPIDURAL STEROID INJECTIONS TO L2-5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, if any. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The patient demonstrates no radiating pain or paresthesias in the lower extremities and there is no documentation of dermal pain in the lower extremities. The medical documents provided documented negative straight leg raising as negative bilaterally and lower extremity motor, sensory and reflex physical

examinations were all normal. The medical documents provided do not provide evidence of cervical radiculopathy. As such, the request for LUMBAR SPINE EPIDURAL STEROID INJECTIONS TO L2-5 is not medically necessary.