

<b>Case Number:</b>	CM14-0039268		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/25/1998
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 47-year-old male with a date of injury of 03/25/1998. The listed diagnoses per [REDACTED] are: 1. Pain in joint of pelvic region and thigh. 2. Brachial neuritis or radiculitis. 3. Cervicalgia. 4. Post-laminectomy syndrome, cervical region 20005. Intervertebral cervical disk disease without myelopathy. 6. Degeneration of cervical intervertebral disk. According to progress report 03/14/2014 by [REDACTED], the patient presents with chronic severe neck pain and bilateral upper extremity pain with numbness, tingling and weakness due to cervical HNP. The patient also has pain in his right iliac crest at the side of the bone graft harvest for his cervical fusion from 2000, which radiates down to the right leg in a lateral foraminal cutaneous nerve distribution with associated numbness and tingling. He has been told that the nerve was cut during surgery. The pain radiates to the low back and right anterolateral thigh with associated numbness and burning. Review of the cervical MRI from 12/07/2013 showed C5-C6 fusion and C3-C4 HNP. Examination of the cervical spine revealed abnormal palpation and tenderness, decreased range of motion, and positive Spurling's maneuver on the left. Request for authorization from 03/18/2014 requests "authorization for CESI." Utilization review denied the request on 03/28/2014.

### 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) at unspecified level: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section, MTUS 9792.2 definitions Page(s): 46,47,11.

**Decision rationale:** necessary: This patient presents with chronic severe neck pain and bilateral upper extremity pain with numbness, tingling and weakness due to cervical HNP. The treater is requesting a cervical epidural steroid injection. The progress report provided for review from 03/14/2014 and request for authorization from 03/18/2014 does not specify the levels being requested. Utilization review denied the request stating claimant has not yet failed formal course of NSAIDs and undetermined level of ESI cannot be considered. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the medical file provided for review does not provide the levels being requested. MRI of C-spine showed disc herniation at C3-4 but the patient has diffuse pain down the arms. The patient's radicular symptoms do not correlate well with the MRI findings and the treater does not explain either. ESI's are supported when radiculopathy is clearly documented. In this case, disc herniation at C3-4 does not explain the patient's arm symptoms and examination does not help either. The request is not medically necessary and appropriate.