

<b>Case Number:</b>	CM14-0081236		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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:

The injured worker is a 55-year-old male who reported an injury on 03/05/1998 while at work when he was hit by a heavy object in the neck and hurt the lower back. The injured worker's treatment history included cervical epidural steroid injection, topical creams, and oral medications. The injured worker was evaluated on 04/22/2014, and it was documented the injured worker complained of backache, neck pain, bilateral leg pain, and radicular arm pain bilaterally. The provider noted he improved by 80% after cervical epidural steroid injection on 12/31/2013 and a second injection on 04/01/2014. It was noted that the injured worker needed a third injection to give him maximum pain relief to avoid surgery. Within the documentation, the provider noted the injured worker radicular neck pain to hands bilaterally was improved 80% after second injection, however, his pain was still severe. Physical examination of the cervical spine revealed cervical flexion was 15 degrees with pain at neck bilaterally. He had radicular pain down the right arm with flexion. Cervical spine extension was 10 degrees with pain at the neck bilaterally. Right hand grip was weaker than left with radicular pain. Right index finger and thumb were painful with radicular pain. Lumbar spine flexion was 40 degrees with the injured worker standing with pain at the low back with radiation down the bilateral legs. Lumbar spine extension was 15 degrees with pain at the low back bilaterally. Straight leg raising was 35 degrees with pain at the low back with radiation down the ipsilateral leg with radicular pain. Left leg raise was 35 degrees with pain at the low back with radiation down the ipsilateral leg with radicular pain. Myofascial trigger point examination bilateral semispinalis capitis and bilateral quadratus lumborum. Medications included Anaprox, Ultram, Protonix, Cymbalta, metformin, Ventolin, Plavix, aspirin, simvastatin, NTG, and ABT TD cream. Diagnoses included discogenic syndrome cervical, discogenic syndrome lumbar, diabetes, hypertension, asthma, hypercholesterolemia, angina, and insomnia. The request for authorization was not submitted for

this review. The rationale for epidural steroid injection at bilateral C4-5 with anesthesia was to give the injured worker maximum pain relief to avoid surgery.

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

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

**Epidural steroid injection at bilateral C4-C5 with anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection.

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

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criteria for ESIs. There was lack of documentation of home exercise regimen, and pain medication management and outcome measurements for the injured worker. Additionally, the provider indicated the injured worker receiving cervical epidural steroid injection however, there was no mention of functional improvement in activities of daily living or duration of improvement after receiving the injection. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for epidural steroid injection at bilateral C4-C5 with anesthesia is not medically necessary.