

<b>Case Number:</b>	CM14-0084042		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/15/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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, has a subspecialty in Pain Management 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 55 years old male with an injury date on 01/15/2008. Based on the 04/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical radiculopathy 2. Lumbar radiculitis 3. Chronic pain other. According to this report, the patient complains of neck pain that radiates to the right upper extremity and low back pain that radiates to the right lower extremity. Pain is aggravated by activities and walking. The pain is rated as a 5/10 with medication and as a 9/10 without medication. Physical exam reveals tenderness at the right cervical paravertebral muscles and right occipital area. Cervical range of motion is restricted. Sensory exam shows decreased sensation bilaterally at the C5 dermatome. Grip strength test with the Jamar dynamometer was right 30, 20, and 20; and left 60, 50, and 40. Axial compression test was positive. MRI of the cervical spine on 11/19/2008 reveals 3mm central and 3 mm paracentral disc- spur complex causing a moderate effacement of central spinal canal, effacement of the cord, and mild bilateral neural foraminal encroachment at C3-C4; 4mm central and 3 mm paracentral disc bulge- spur complex causing a moderate effacement of central spinal canal and moderate neural foraminal encroachment at C4-C5; and 2.5mm central and 2 mm paracentral disc- spur bulge complex, mild effacement of the central canal, and mild neural foraminal encroachment at C5-C6. There were no other significant findings noted on this report. The utilization review denied the request on 05/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/19/2008 to 05/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C4-C5 epidural steroid injection - outpatient: Overturned**

**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 Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** According to the 04/25/2014 report by [REDACTED] this patient presents with neck pain that radiates to the right upper extremity and low back pain that radiates to the right lower extremity. The provider is requesting bilateral C4-C5 Epidural steroid injection-outpatient. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports do not mentions of other epidural steroid injections being done in the past. In this case, the patient has neck pain that radiates into the right upper extremity. Exam finding were positive for sensory changes at C5.radiculopathy. MRI of C-spine shows that the patient had a right paracentral 3-4mm disc bulge at C4-5, toward symptomatic side. The patient does not appeared to have tried an ESI yet. Recommendation is medically necessary.