

<b>Case Number:</b>	CM14-0086999		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 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 52-year-old female with date of injury of 03/06/2012. The listed diagnoses are cervical myalgia; cervical myospasms; cervical neuritis/radiculitis, not otherwise specified; cervical disk herniation without myelopathy; cervical degenerative joint disease/degenerative disk disease. According to the 04/28/2012 report, the patient complains of constant neck pain. She describes her pain as cutting, throbbing, and constricting in character with spasms. She rates her pain a 7/10 while resting and 8/10 with activities. The pain radiates through her left shoulder and arm. Her activities of daily living are severely affected due to the pain. Her pain is worse with bending forward, bending to the left and right, twisting to the left and right, coughing, sneezing, straining, sitting, lifting, and reaching. The physical exam of the cervical spine shows tenderness to palpation, guarding, and spasms over the paravertebral region and upper trapezius muscles bilaterally. There were trigger points noticeable in the upper trapezius muscles bilaterally. Manual muscle testing revealed 4/5 strength with flexion, extension, bilateral rotation, and bilateral lateral flexion. Range of motion was restricted due to pain and spasms. The treating physician references an MRI of the cervical spine dated 08/12/2013 showed a left paracentral posterior disk protrusion abutting the ventral spinal cord with mild spinal stenosis at C4-C5. There is a left paracentral posterior disk protrusion abutting the ventral spinal cord on the neural views causing mild cord compression at C5-C6. There is a mild to moderate spinal stenosis evident on the extension views as well. There is a left paracentral posterior disk protrusion at C6-C7. The utilization review denied the request on 05/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), pages 46, 47.

**Decision rationale:** The MTUS Guidelines regarding epidural steroid injection recommends this as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI. No more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected in one session. In this case, the records do not show any recent or prior epidural steroid injection. The MRI dated 08/12/2013, showed multiple level disk protrusions toward left side at C4-C5, C5-C6, and C6- C7. The patient presents with radiating left arm pain and examination shows some weakness. Given disc protrusions toward the symptomatic left side, a trial of an ESI is reasonable. Therefore the request for a cervical epidural steroid injection is medically necessary and appropriate.