

<b>Case Number:</b>	CM14-0089300		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Family Medicine 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:

This is a 58-year-old male with a 2/1/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/7/14, the patient complained that he has right lower extremity symptoms and his neck is troublesome and required intervention, just as his lumbar region did. He reported his low back pain at a 5/10 with radiation to the right lower extremities to the ankle. He reported his neck pain as a 6/10 with numbness of the left upper extremities on occasion. A cervical MRI dated 3/5/14 revealed posterior disc osteophyte complex at C5-6. There is also bilateral uncovertebral degenerative changes and bilateral degenerative facet disease. This produces mild central canal narrowing with moderate bilateral neural foraminal narrowing. Objective findings: mild spasm of bilateral paraspinous musculature, limited cervical range of motion, mild lumbar paraspinous muscle tenderness, mild right sciatic notch tenderness, painful thoracolumbar range of motion, decreased sensation of right lower leg and foot in the distributions of L5 and S1. Diagnostic impression: right lumbar radiculitis, multi-level lumbar degenerative disc disease, facet arthropathy, cervical MRI 3/5/14 degenerative disc disease, facet arthropathy, spinal stenosis, and significant bilateral NFE. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 5/16/14 denied the request for ESI. The only mention of weakness is in [REDACTED]. [REDACTED] notes. None of the other consultants verify this complaint. None of the exams by 3 providers contain any positive radicular findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at left C5-6 under fluroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. Although the MRI from 3/5/14 demonstrates nerve impingement at the level of C5-C6, there are no correlating objective findings on clinical examination. It is noted on physical exam that the patient had decreased sensation of right lower leg and foot in the distributions of L5 and S1. However, there were no objective findings of radiculopathy at the level of C5-C6. In addition, in the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. Therefore, the request for Cervical Epidural Steroid Injection at left C5-6 under fluoroscopy is not medically necessary.