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| <b>Case Number:</b>   | CM14-0096992 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 07/10/1997 |
| <b>Decision Date:</b> | 11/05/2014   | <b>UR Denial Date:</b>       | 06/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2014 |

### 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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 72 year old man with a date of injury of 7/10/97. He was seen by his pain consultant on 5/20/14 with complaints of upper - mid - lower back and gluteal area pain with radiation. He had a history of chronic pain syndrome with cervical fusion in 2000 and knee replacement in 2012. His exam showed normal gait. He had tenderness to palpation in his cervical and lumbar spine, shoulders, arms and SI joint. He had decreased sensation in the deltoid patch and ulnar hand bilaterally. His diagnoses were cervical, thoracic and lumbar radiculopathy and spinal stenosis of the lumbar region. At issue in this request is a cervical C7-T1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical C7-T1 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 127, 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

**Decision rationale:** Epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. 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. There is little information on improved function and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. Additionally, the evidence for cervical epidural is lacking and the medical necessity for a cervical epidural steroid injection is not substantiated in the records.