

<b>Case Number:</b>	CM14-0187537		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 54 year old male with an injury date of 05/29/14. As per progress report dated 10/29/14, the patient complains of constant, daily headaches made worse by loud noise. He has neck pain rated at 4-5/10 and sharp pain at the vertex 2-3 times per day that lasts for 3-4 seconds. He experiences sudden dizziness, usually three times per day, which forces him to sit down. He is unable to concentrate for more than 15 minutes. Physical examination of the cervical spine reveals marked reduction in range of motion accompanied by pain. There is moderate to severe tenderness to palpation at C2 and proximal paracervical muscles. As per progress report dated 10/21/14, the patient has patchy neuropathy in left arm and hand following a head trauma in May. The patient has completed 11 out of 12 physical therapy visits and 10 out of 12 acupuncture visits, as per report dated 10/29/14. He is also pursuing a home exercise program. The patient has only temporary benefits from these treatments and feels that "acupuncture is the only treatment that works" as per the same progress report. Medications, as per progress report dated 09/24/14, include Naproxen and Acetaminophen. However, progress report dated 10/08/14 states that the patient "has not tolerated side effects of most medications." MRI of the cervical spine without contrast dated 10/11/14 revealed multilevel cervical spondylosis with moderate spinal canal stenosis and bilateral foraminal narrowing at C4-5. CT of the head and cervical spine without IV contrast dated 05/29/14 revealed C4-C5 degenerative disc disease. Diagnosis on 10/21/14 was cervical radiculitis; post-concussion syndrome; neck muscle strain; left trapezius strain; right trapezius strain; and Post-Traumatic Stress Disorder. The provider is requesting for epidural injection C4-5. The utilization review determination being challenged is dated 10/29/14. The rationale was "examination findings do not reflect evidence of radiculopathy in any specific distribution." Treatment reports were provided from 05/29/14 - 11/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Epidural Steroid Injection C4-5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

**Decision rationale:** The request is for epidural injection C4-5. The MTUS Guidelines has the following regarding epidural steroid injections under the chronic pain section, page 46 and 47, "Recommended as an option for treatment of radicular pain." "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, review of reports does not indicate a prior epidural injection. In the Treatment Authorization Request form dated 10/21/14, the provider states that the "patient has moderate bilateral neuroforaminal narrowing at C4-5 with paraesthesias of bilateral arms. Has not had any significant improvement with physical therapy or acupuncture or medications." MRI of the cervical spine, dated 10/11/14, also showed moderate spinal canal stenosis and bilateral foraminal narrowing at C4-5. There is evidence of radiculopathy, with no dermatomal distribution of radicular symptoms, positive exam findings that show radiculopathy at C5 level bilaterally. Furthermore, MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, this request is not medically necessary.