

<b>Case Number:</b>	CM14-0194399		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/22/2006
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57 year old male reportedly sustained a work related injury to the cervical spine, back and leg on December 22, 2006 due to twisting leg and a fall. Diagnoses include right total knee replacement, degenerative disc disease (DDD) lumbar spine, arthritis and radiculopathy. Primary treating physician visit dated April 15, 2014 provided the injured worker has ongoing low back pain. Analgesics are utilized to control pain. Primary treating physician visit on June 18, 2014 notes the injured worker low back pain and lower extremity pain is worsening and that he has undergone injections and conservative therapy that has not helped. The right total knee replacement has gone well. Consultation dated August 26, 2014 provides the injured worker continues with back pain radiating to the legs. It also documents non recent history of physical therapy and that anti-inflammatory, narcotic, and 4 epidural injections have had varying degrees of effect. He walks with antalgic gait and uses a cane. There is mention of old magnetic resonance imaging (MRI) showing listhesis at L5-S1, L2-3 disc bulge and herniation of C5-6. X-ray done in the clinic showed lytic listhesis at L5-S1. Primary Treating physician visit dated September 22, 2014 the injured worker rated pain gets to 7-8/10 and that medication helps. Physical exam showed lumbar flexion is 60 degrees, extension 30 degrees, rotation 40 degrees and tilt 50 degrees. There is pain on palpation of low back and decreased sensitivity to touch of legs. Follow up surgical consult on September 24, 2014 recommended non-surgical conservative treatment of epidural steroid injection (ESI) at C5-6 and then lumbar injection and possible physical therapy. On October 27, 2014 Utilization Review determined a request dated October 20, 2014 for epidural steroid injection (ESI) of cervical C5-6 is non-certified. Citation used is Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines. Application for independent medical review is dated November 12, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical ESI (epidural steroid injection) at C5-C6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -neck, ESI <Insert Other Basis/Criteria> Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal steno

**Decision rationale:** The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. Official Disability Guidelines (ODG) support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines.