

<b>Case Number:</b>	CM14-0202235		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47-year-old male, with a reported date of injury of 04/19/2012. The results of the injury were cervical spine pain and lumbar spine pain. The current diagnoses included lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. The past diagnoses included lumbar facet syndrome, cervical radiculitis syndrome, cervical spine surgery in 03/2013, and lumbosacral sciatic syndrome. Treatments have included psychological care; MRI of the cervical spine on 05/02/2014, which showed mild to moderate central stenosis at C6-C7, mild central stenosis at C2-C3, C3-C4, and C4-C5, mild right neural foraminal stenosis at C3-C4, C4-C5, and C6-C7, and severe left neural foraminal stenosis at C6-C7, mild to moderate left neural foraminal stenosis at C2-C3, and mild left neural foraminal stenosis at C3-C4 and C4-C5; left L3, L5 medial branch block, left L4 branch block, right L3, L4, L5 medial branch block on 09/30/2014; physical therapy; chiropractic manipulative therapy; medication; and a home exercise program. The follow-up evaluation report dated 10/21/2014 indicates that the injured worker complained of lumbar spine and cervical spine pain, and rated the pain an 8 out of 10. There was documentation that there was evidence of facet tenderness of the cervical spine on physical examination. The treating physician indicated that the injured worker had radicular symptoms on physical examination and evidence of neuroforaminal narrowing on MRI, and requested a left C6-C7 transfacet epidural steroid injection. It was noted that the injured worker had failed conservative treatment. The medical records provided for review do not include the physical therapy or chiropractic care reports. On 11/14/2014, Utilization Review (UR) denied the request for a left C6-C7 transfacet epidural steroid injection. The UR physician noted that there was no evidence of radiculopathy, no evidence of failure of conservative care, and the medical records did not include examination of the cervical spine or imaging reports. The ACOEM Guidelines and the Official Disability Guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left C6-7 transfacet epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Facet Joint Therapeutic Steroid Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Left C6-7 transfacet epidural steroid injection is not medically necessary.