

<b>Case Number:</b>	CM14-0087761		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/25/2001
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Occupational 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:

The applicant is a represented employee who has filed a claim for chronic neck pain, shoulder pain, and headaches reportedly associated with an industrial injury of May 25, 2001. In a Utilization Review Report dated June 3, 2014, the claims administrator denied a cervical epidural steroid injection, suggesting that there was no clear or compelling evidence of radiculopathy here. The claims administrator posited that the applicant's pain complaints might be the result of neuropathic and/or radicular pain of a mixed origin. The claims administrator cited an RFA form in an office visit of May 9, 2014, in its rationale. The applicant's attorney subsequently appealed. In said May 9, 2014 progress note, the applicant reported ongoing complaints of low back pain, moderate-to-severe. The applicant also reported tension about the shoulders, neck pain, and headaches. The applicant stated that he had paresthesias and shooting pains about his thumb and fingers. The applicant reported weakness and had dropped objects. The applicant was using Vicodin for pain relief. The applicant was 61 years old. The applicant's medications included Vicodin, Aldactone, aspirin, Crestor, isosorbide dinitrate, Lasix, Zestril, nitroglycerin, insulin, Prilosec, oxybutynin, potassium, terazosin, and Neurontin. The applicant was diabetic and had superimpose issues with depression and hypertension, it was further noted. The applicant was status post an earlier lumbar laminectomy and pain pump insertion. The applicant was off of work, on disability, it was acknowledged. The applicant had received a lumbar epidural steroid injection in 2013, it was incidentally noted. The attending provider alluded to cervical MRI imaging of April 23, 2014, demonstrating advanced multilevel spondylosis and high-grade spinal stenosis at C3-C4 through C6-C7 with associated effacement of cerebrospinal fluid and slight recontouring of the cord. Very high-grade neuroforaminal stenosis was noted at multiple other levels, C2-C3 through C6-C7. The applicant exhibited hypo-sensorium about the fifth toe and numbness about the thumb, second digit, and third digit.

The attending provider suggested that the applicant receive cervical epidural steroid injection therapy, stating that he believed that the applicant's cervical radicular complaints fall at the C6 dermatome. Vicodin was refilled. Gabapentin was endorsed. It was not clearly stated whether the epidural was a first time request or a renewal request. It appeared that the proposed C6-C7 epidural steroid injection represented a first time request for the same.

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

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

#### **Bilateral C6-C7 transforaminal Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does have some [admittedly incomplete] corroboration of radiculopathy. The applicant does have cervical MRI imaging of early 2014 demonstrating multilevel disk protrusions, thecal sac effacement, degenerative changes, etc., which the requesting provider have posited are acting in concert to generally ongoing upper extremity radicular complaints. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, furthermore, support up to two diagnostic blocks. The request in question appears to represent a first time request for cervical epidural steroid injection therapy as the bulk of the applicant's treatment to date appears to have revolved around the lumbar spine. Therefore, the request is medically necessary.