

<b>Case Number:</b>	CM15-0003385		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/04/1992
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 63 year old male, who sustained an industrial injury on 2/4/1992. Details surrounding initial injury were not available. Treatment to date has included physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), neurontin, narcotic and antidepressant, home exercise, and cervical epidural injection 3/3/14 noted to provide 70% pain relief for 4-5 months increasing ability to complete Activities of Daily Living (ADLs) and decrease oral medication. A lumbar steroid injections was completed 3/31/14 and multiple laminectomies. Currently, the IW complains of neck and right knee pain. December 4, 2014, physical examination documented multiple trigger point found along posterior cervical musculature, decreased sensation bilateral upper extremities at approximate C5-C6, and decreased Range of Motion (ROM) in chin tuck. Most recent Magnetic Resonance Imaging (MRI) completed 12/16/2005 revealed disc protrusions at multiple cervical levels and bilateral facet arthropathy C3-C7 with moderate to severe foraminal narrowing and osteophyte formation. Electromyogram study completed 11/17/2006 revealed radiculopathy at multiple levels including C5, L5, and S1. The IW was treated for multiple diagnoses including cervical spine sprain/strain syndrome with radiculopathy, lumbar post-laminectomy syndrome, right knee derangement, and right shoulder impingement. On 12/23/2014 Utilization Review non-certified a cervical epidural steroid injection to midline C5-C6, noting the documentation did not indicate the previous cervical level treated and therefore did not meet treatment guidelines. The MTUS Guidelines were cited. On 1/7/2015, the injured worker submitted an application for IMR for review of cervical epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One catheter-directed cervical epidural steroid injection at the midline C5 - C6 under fluoroscopic guidance:** Overturned

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing neck pain, among other issues. Documented examination showed decreased sensation along the C5 spinal nerve path and decreased grip strength. These records described a MRI report as showing findings that would be consistent with a radiculopathy. Prior similar injections resulted in significant improvement consistent with the above criteria. In light of this supportive evidence, the current request for a catheter-directed C5 epidural steroid injection at the midline with fluoroscopic guidance is medically necessary.