

<b>Case Number:</b>	CM15-0005216		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/03/2002
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60, year old male, who sustained an industrial injury on 12/3/2002. He has reported severe escalation of his neck pain since weather and rainy season. He has had a tremendously increased headache, constant neck pain shooting down upper extremities, left more than right with tingling, numbness and paresthesia. The documentation noted that bending, turning and extending neck make pain worse. Objective findings note that there is loss of normal lordotic curve of cervical spine, range of motion of cervical spine was restricted; paravertebral muscle spasm and localized tenderness was present in lower cervical and left supraclavicular region; left-sided spurlings maneuver was positive; there was diminished sensation to light touch along medial and lateral border of left forearm; right shoulder elevations was 110-120 degrees and left shoulder elevation was 90-100 degrees. The diagnoses have included cervical disc protrusion at cervical 3-4 with spinal stenosis and cervical myelopathy (Magnetic Resonance Imaging (MRI) confirmed); cervical neuroforaminal stenosis (Magnetic Resonance Imaging (MRI) confirmed); left cervical radiculitis; moderate obstructive sleep apnea (per sleep study); major depression and chronic myofascial pain syndrome. According to the utilization review performed on 1/8/2015, the requested Cervical (neck) translaminar epidural steroid injection has been non-certified. The CA MTUS epidural injections guidelines were used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical (neck) translaminar epidural steroid injection:** Overturned

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

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

**Decision rationale:** The patient presents with constant neck pain shooting down the upper extremities, left more than right with tingling, numbness and paresthesia. The current request is for cervical (neck) translaminar epidural steroid injection (ESI). The treating physician requests on 12/1/14 (B38) an ESI due to the patients "severe flare-up of his neck pain as he had 80% relief with epidural steroid injection for few months and functionally improved." Additionally, on 12/29/14 (B34) the physician reported that the patient was able to "discontinue Tylenol #3" after the previous ESI. MTUS guidelines state the following criteria regarding ESI's: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, the treating physician has documented radiculopathy by physical examination and a MRI has confirmed cervical disc protrusion at C3-C4 with spinal stenosis, cervical myelopathy and cervical neuroforaminal stenosis. The treating physician also documented the pain and functional improvement of 80% for "a few months." The current request is medically necessary and the recommendation is for authorization.