

<b>Case Number:</b>	CM15-0009782		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Arizona

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 56-year-old male who reported an injury on 10/05/2006. An MRI of the cervical spine dated 08/06/2008 showed a posterior disc protrusion with mild central canal and partial effacement of the ventral thecal sac at the C3-4. At the C4-5, there was a 2 to 3 mm broad based posterior disc protrusion and plate osteophyte complex to the left with uncovertebral facet joint hypertrophic changes resulting in moderate left neural foraminal stenosis. At the C5-6, there was a 2 mm broad based posterior disc protrusion and plate osteophyte complex to the right with uncovertebral facet hypertrophic changes resulting in mild to moderate left and moderate to severe right neural foraminal stenosis. On 12/22/2014, he presented for pain medicine re-evaluation. He reported neck pain with associated headaches, insomnia with ongoing pain, and low back pain that radiated to the bilateral lower extremities with associated muscle spasms. He rated his pain at a 3/10 to 9/10 with medications, a 6/10 to 9/10 without medications, and stated that his pain had been unchanged since the last visit. It was noted that he was status post cervical epidural steroid injection at the C4 through C6 on 06/24/2014. He reported a good 50% to 80% overall improvement, and reported good functional improvement for 6 months. A physical examination of the cervical spine showed no gross abnormality and spasm noted bilaterally in the trapezius muscles at the C5 through C7 bilaterally and the paraspinous muscles. There was tenderness noted in the cervical spine at the C4 through C7 with tenderness noted upon palpation of the bilateral paravertebral C5 through C7 area. Range of motion was limited, with flexion being 35 degrees, extension to 15 degrees, left rotation to 60 degrees, and right rotation to 60 degrees. Range of motion was noted to be moderately limited

due to pain, and pain was significantly increased with flexion and extension. Sensation revealed no change in the upper extremities since the last visit, and flexor and extensor strength was unchanged since the prior examination. The treatment plan was for bilateral cervical epidural steroid injections at the C4 through C6. The rationale for treatment was to alleviate the injured worker's pain.

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

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

#### **Bilateral cervical epidural steroid injection at C4-6: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state that repeat injections may be supported when there is evidence of 50% pain relief or more with associated reduction in medication use for at least 6 to 8 weeks. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical and lumbar spine. However, there is a lack of documentation showing that he had a reduction of medication use for at least 6 to 8 weeks to support the request for an additional epidural injection. Also, physical examination findings such as indicating significant neurological deficit, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution was not documented. In addition, the request does not state whether the injection would be performed using fluoroscopic guidance. In the absence of this information, the request would not be supported. As such, the request is not medically necessary.