

<b>Case Number:</b>	CM15-0131995		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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

Certification(s)/Specialty: Emergency 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:

This 52 year old male sustained an industrial injury to the neck and low back on 10/7/14. Previous treatment included physical therapy, chiropractic therapy, aquatic therapy, back brace, transcutaneous electrical nerve stimulator unit, trigger point injections and medications. Magnetic resonance imaging cervical spine (3/26/15) showed a left para-central protrusion at C5- 6 with disc collapse and disc collapse at C6-7. In a progress note dated 6/5/15, the injured worker complained of ongoing neck and low back pain. Physical exam was remarkable for tenderness to palpation in the paraspinal musculature of the neck and low back, with pain on range of motion, positive left thoracic outlet sign and diminished sensation in the left thumb and radial head. The injured worker held his neck flexed forward. X-rays of the lumbar spine showed disc space narrowing at L5-S1. X-rays of the cervical spine showed cervical disc disease at C5-6 and C6-7. Current diagnoses included neck and low back pain, left cervical spine radiculopathy, cervical spine disc disease, left para-central protrusion at C5-6, disc collapse at L5-S1 with foraminal narrowing and possible thoracic outlet syndrome. The treatment plan included epidural steroid injections at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6 epidural steroid injection with fluoroscopy:** Overturned

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

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

**Decision rationale:** The requested C5-6 epidural steroid injection with fluoroscopy is medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker has ongoing neck and low back pain. Physical exam was remarkable for tenderness to palpation in the paraspinal musculature of the neck and low back, with pain on range of motion, positive left thoracic outlet sign and diminished sensation in the left thumb and radial head. The injured worker held his neck flexed forward. X-rays of the lumbar spine showed disc space narrowing at L5-S1. X-rays of the cervical spine showed cervical disc disease at C5-6 and C6-7. The UR review noted a lack of documented result from previous injections. However, there is documented history of trigger point injections, but not epidural injections. The treating physician has documented radicular pain, positive exam and diagnostic evidence of cervical radiculopathy and conservative treatment trials. The criteria noted above having been met, C5-6 epidural steroid injection with fluoroscopy is medically necessary.