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| <b>Case Number:</b>   | CM15-0141285 |                              |            |
| <b>Date Assigned:</b> | 07/31/2015   | <b>Date of Injury:</b>       | 12/25/2012 |
| <b>Decision Date:</b> | 09/03/2015   | <b>UR Denial Date:</b>       | 07/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/21/2015 |

### 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: Family Practice

### 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 58 year old female, who sustained an industrial injury on December 25, 2012. Treatment to date has included ice-heat therapy, medications, activity modifications, home exercise, and diagnostic imaging. Currently, the injured worker complains of lumbar and cervical spine pain. She reports that her pain level is rated 6-8 on a 10-point scale without the use of medications and the pain level is 4-5 on a 10-point scale with medications. She reports that her pain radiates to her bilateral shoulders and hand and that she has associated numbness in the hands which prevents her from doing household chores. She reports that her pain is managed with her medications, activity restriction and rest. On physical examination, the injured worker has tenderness to palpation over the cervical and lumbar spine. Her cervical and lumbar spine range of motion is restricted and elicits pain. She has a positive Spurling sign and positive straight leg raise tests bilaterally. She has hypoesthesia and dysesthesia or the neck with moves to the last three digits of her right hand. An MRI of the cervical spine on March 11, 2013 revealed multi-level disc bulging, moderate spinal stenosis at C6-7 and right lateral disc protrusion at C5-6. A lumbar spine MRI on February 11, 2013 revealed multi-level disc bulging with lateral stenosis. The diagnoses associated with the request include cervicgia, degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc and brachial neuritis or radiculitis. The treatment plan includes continuation of ice-heat therapy, pain medication and cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at bilateral C5-6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient receives treatment for chronic neck and low back pain. The patient had a work-related injury dated 12/25/2012. This review addresses a request for an epidural steroid injection in the cervical spine, C5-C6. The pain that the patient experiences interferes with doing housework and chores. On physical exam, there is tenderness on palpation of the C spine and with rotation and flexion. The medical diagnoses include cervicalgia, spinal stenosis on MRI imaging at C6-C7, and brachial neuritis. The patient receives treatment with heat and cold and analgesics. ESIs may be medically indicated to treat radicular pain. The current treatment guidelines recommend a series of up to 2 ESIs. Because ESIs produce a short-lived reduction in pain relief by reducing inflammation, ESIs should be used in conjunction with other treatment modalities. The guidelines state that a number of specific clinical criteria must exist in order to be recommended. These criteria include: radiculopathy corroborated on physical examination plus imaging, lack of responsiveness to conservative care, no more than 2 nerve root levels and no more than one inter laminar level should be injected at one session. The documentation in this case does not support a radicular pattern to the patient's problems, but rather an axial distribution instead. A cervical ESI is not medically indicated.