

<b>Case Number:</b>	CM15-0181313		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 46 year old male who sustained an industrial injury on 01-28-2015. He has reported subsequent neck and upper extremity pain, and was diagnosed with degenerative disc disease of the cervical spine, cervical radiculopathy, cervical spinal stenosis, and cervical spondylosis. MRI of the cervical spine dated 05-12-2015 was noted to show multilevel spondylosis most notable at C5-C6 with central canal stenosis and moderate to severe foraminal narrowing, left greater than right, and moderately severe right sided foraminal stenosis at C3-C4 secondary to asymmetric right-sided disc osteophyte complex, and degenerative joint disease. Treatment to date has included medication, application of heat and ice, physical therapy, and bracing, which were noted to fail to significantly relieve pain. In a progress note dated 08-03-2015, the injured worker reported neck and bilateral shoulder and upper extremity pain. Objective examination findings showed Spurling's sign on the right, tenderness to palpation, pain with range of motion causing bilateral shoulder pain, and mild discomfort and pain with left lower and right lower leg raise at 65 degrees. The injured worker was noted to be off work. A request for authorization of cervical epidural steroid injections (CESI) #2 was submitted. As per the 09-04-2015 Utilization Review, the request for cervical epidural steroid injections (CESI) #2 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injections (CESI), Qty 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. In the case of this injured worker, the physical exam from 8-8-15 demonstrates some decreased sensation left trapezius region and right 4th and 5th fingers, but otherwise sensation, reflexes, and strength were normal in the upper extremities. In addition, an MRI report from 5-12-2015 describes multilevel spondylosis most notable at C5-C6 with central canal stenosis and moderate to severe foraminal narrowing, left greater than right, and moderately severe right sided foraminal stenosis at C3-C4 secondary to asymmetric right-sided disc osteophyte complex, and degenerative joint disease. Most importantly, the treating provider has noted that the injured worker has not had pain relief with conservative therapies, to include non-steroidal anti-inflammatory drugs and physical therapy. The request does meet guideline criteria at this time; therefore, the request for cervical epidural steroid injections (CESI) #2 is medically necessary and appropriate.