

<b>Case Number:</b>	CM15-0188610		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: 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 61-year-old male, with a reported date of injury of 05-02-2012. The diagnoses include cervical pain, cervical radiculopathy, and cervical disc disorder. Treatments and evaluation to date have included Norco, Omeprazole, C6-7 interlaminar epidural steroid injection on 01-08-2014, and physical therapy (fair results). The diagnostic studies to date have not been included in the medical records provided. The medical report dated 08-12-2015 indicates that the injured worker reported pain along the left shoulder. On 07-15-2015 and 08-12-2015, the injured worker rated his pain 3 out of 10 with medications, which allowed improved function and mood; and 8 out of 10 without medication. It was noted that the injured worker's pain level remained unchanged since the last visit. The injured worker reported that without medication, he did not function as well without medication, and he also reported decreased activity in and out of the home and mood and impaired ability to sleep. In addition to the pain, the injured worker also complained of muscle spasms, numbness, tingling, and weakness. It was noted that the injured worker underwent an MRI of the cervical spine on 01-09-2013 which showed moderate degenerative disc disease, small left paracentral annular tear and protrusion, asymmetric degenerative joint disease at C3-4, with minimal impingement on the spinal cord, moderate to marked anterior disc and osteophyte complex formation, moderate posterior disc, and osteophyte complex formation with superimposed left paracentral protrusion, and uncovertebral greater than facet hypertrophic changes at C4-5, and C6-7, and mild to moderate bilateral neural foraminal stenosis at C7-T1. The physical examination showed a normal gait, restricted cervical spine range of motion; spasm and tenderness of the bilateral

cervical paravertebral muscles; no pain in the neck musculature or radicular symptoms in the arm with Spurling's maneuver; a normal motor examination of the bilateral upper extremities; and equal and symmetric upper arm reflexes. The treating physician recommended a cervical interlaminar epidural injection to help reduce the inflammation and pain associated with nerve root compression. The injured worker's work status was noted as retired and disabled. The treating physician requested cervical interlinear epidural steroid injection at C7-T1. On 08-20-2015, Utilization Review (UR) non-certified the request for cervical interlinear epidural steroid injection at C7-T1.

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

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

#### **Cervical Interlinear Epidural Steroid Injection C7-T1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain in the left shoulder and the neck. The request is for Cervical Interlinear Epidural Steroid Injection C7-T1. Physical examination to the cervical spine on 07/15/15 revealed tenderness to palpation to the bilateral paravertebral muscles with spasm. Range of motion was noted to be decreased. Per 08/13/15 Request For Authorization form, patient's diagnosis includes cervical pain. Patient's medications, per 08/12/15 progress report include Omeprazole, Norco, Amlodipine, Benicar, Carvedilol, Fenofibrate, Metformin, Crestor, Ecotrin, and Lovaza. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. Per 07/15/15 progress report, the patient is status post interlaminar epidural steroid injection, 01/08/14 which provided 98% relief lasting about one year. The patient continues with neck pain and left shoulder pain with muscle spasms, numbness, tingling and weakness. Patient's diagnosis, per 08/12/15 progress report include cervical pain, cervical radiculopathy, and disc disorder cervical. MRI findings of 01/09/13 showed moderate degenerative disc disease, small left paracentral annular tear and protrusion, asymmetric degenerative disc disease at C3-C4, with minimal impingement on the spinal cord, marked degenerative disc disease, moderate to marked anterior disc/osteophyte complex formation, moderate posterior disc/osteophyte complex formation with superimposed left paracentral protrusion, and uncovertebral greater than facet hypertrophic changes at C4-C5, with moderate to marked central canal stenosis and marked bilateral neural foraminal stenosis, marked degenerative disc disease, mild posterior disc/osteophyte complex relation, and

uncovertebral greater than facet hypertrophic changes at C6-C7, and borderline central canal stenosis and marked bilateral neural foraminal stenosis, moderate degenerative joint disease at C7-T1, with mild to moderate bilateral neural foraminal stenosis. For repeat epidural steroid injections, MTUS states that there must be documentation of improvement in pain and function, including 50% pain relief with associated reduction of medication use for 6-8 weeks. In this case, the patient does present with radicular pain, is diagnosed with cervical radiculopathy, and corroborated with MRI findings. However, the treater has not documented functional improvement and reduction of medication use resulting from the previous cervical ESI, as required by the guidelines. Therefore, the request IS NOT medically necessary.