

<b>Case Number:</b>	CM15-0194121		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 66 year old male who sustained an industrial injury June 14, 2013. Past history included cervical fusion, lumbar laminectomy 1991, and carpal tunnel release 2014. Diagnoses are neck sprain; degeneration of cervical intervertebral disc; carpal tunnel syndrome; disorders of bursae and tendons in shoulder region, unspecified. According to the most recent treating physician's progress report dated December 2, 2014, the injured worker presented with complaints of continued neck pain, mostly on the left side without radiation to the upper extremities. He reports some intermittent tingling in the first three digits of the right hand and noted he continues to drop objects and his balance is getting worse with clumsiness and stumbling. He continues to walk daily for exercise is short distances and has not had any falls. Current medication included ibuprofen and Ultram, usually one per day. Objective findings included; 5'8" and 250 pounds; gait is normal without evidence of antalgia or foot drop; unable to tandem walk without assistance for balance; right triceps 4 out of 5, all other upper extremity muscle groups 5 out of 5; cervical spine- decreased lordosis without appreciable symmetry, Spurling's negative bilaterally. Treatment plan included repeating a cervical MRI. At issue, is a request for authorization for a cervical epidural steroid injection as an outpatient. A work status notation dated September 6, 2015, is present in the medical record and noted diagnoses and a return visit in October. There is no current documentation of rehabilitation efforts and or current recent physical therapy, or if previous cervical epidural steroid injections were performed. An MRI of the cervical spine dated January 29, 2015 (report present in the medical record) impression; overall, the appearance is stable since prior examination. C4-5 interbody fusion is

robust; cord compression is moderate centrally at C3-4 and mild on the right at C5-6, stable since prior examination; neural foraminal stenosis most severe on the right C2-C3, bilaterally at C3- C4, C6-C7 and C7-T1. Neural foraminal stenosis is also moderately severe bilaterally at C4-C5 and C5-C6. According to utilization review dated September 24, 2015, the request for cervical epidural steroid injection is 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 Injection as outpatient:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case, the exam notes from 12/2/14 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition, there is lack of evidence of failure of conservative care. Therefore, the request is not medically necessary.