

<b>Case Number:</b>	CM15-0211438		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained an industrial-work injury on 4-24-14. He reported initial complaints of neck and low back pain. The injured worker was diagnosed as having cervical and lumbar herniated nucleus pulposus. Treatment to date has included medication and diagnostics. MRI results were reported on 7-12-15 revealed lumbar mild disc desiccation and disc space narrowing at L2-3 and L5-S1 and bilateral facet degenerative changes. Currently, the injured worker complains of neck and low back pain with muscle tightness and some upper extremity radiation. Per the primary physician's progress report (PR-2) on 9-30-15, exam noted cervical region has positive Spurling's, positive spasms and tenderness to traps and rhomboid, and lumbar area has positive spasms and tenderness at L4-5. The Request for Authorization requested service to include Cervical Epidural steroid injection and Lumbar Epidural Steroid Injection. The Utilization Review on 10-13-15 denied the request for Cervical Epidural steroid injection and Lumbar 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Epidural Steroid Injections.

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

**Decision rationale:** The claimant sustained a work injury in April 2015 when he had increased low back pain radiating to the lower extremities and left shoulder and neck and increased headaches while working as a Detention Services Officer and restraining a combative minor. An MRI of the cervical spine in July 2015 included findings of bilateral multilevel disc protrusions with canal and foraminal stenosis ranging from mild to severe. An MRI of the lumbar spine also in July 2015 included findings of multilevel moderate to severe bilateral foraminal stenosis with canal stenosis ranging from mild to severe. The requesting provider documents radiating neck and radiating low back pain with radicular symptoms, with positive Spurling's and straight leg raising tests, decreased dermatomal sensation in the upper extremities and lower extremities, and decreased toe extension strength bilaterally. Cervical and lumbar epidural steroid injections are being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity sensation in a dermatomal distribution with positive Spurling's testing and imaging is reported as showing findings consistent with multilevel foraminal and canal stenosis. The claimant has upper extremity radicular symptoms. The requested epidural steroid injection was medically necessary.

#### **Lumbar Epidural Steroid Injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections.

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

**Decision rationale:** The claimant sustained a work injury in April 2015 when he had increased low back pain radiating to the lower extremities and left shoulder and neck and increased headaches while working as a Detention Services Officer and restraining a combative minor. An MRI of the cervical spine in July 2015 included findings of bilateral multilevel disc protrusions with canal and foraminal stenosis ranging from mild to severe. An MRI of the lumbar spine also in July 2015 included findings of multilevel moderate to severe bilateral foraminal stenosis with canal stenosis ranging from mild to severe. The requesting provider documents radiating neck and radiating low back pain with radicular symptoms, with positive Spurling's and straight leg raising tests, decreased dermatomal sensation in the upper extremities and lower extremities, and decreased toe extension strength bilaterally. Cervical and lumbar epidural steroid injections are being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by

physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength and sensation in a dermatomal distribution with positive straight leg raising and imaging is reported as showing findings consistent with multilevel foraminal and canal stenosis. The claimant has lower extremity radicular symptoms. The requested epidural steroid injection was medically necessary.