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| <b>Case Number:</b>   | CM15-0221657 |                              |            |
| <b>Date Assigned:</b> | 11/17/2015   | <b>Date of Injury:</b>       | 03/11/2015 |
| <b>Decision Date:</b> | 12/24/2015   | <b>UR Denial Date:</b>       | 10/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/11/2015 |

### 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45-year-old male with a date of industrial injury 3-11-2015. The medical records indicated the injured worker (IW) was treated for cervical disc protrusion with osteophyte complex at C5-6; multilevel disc osteophyte complex at C5-C6, C6-C7 and C7-T1 (MRI confirmed); left-sided C5-C6 radiculopathy; and chronic myofascial pain syndrome. In the progress notes (10-1-15 and 10-15-15), the IW reported constant severe neck pain shooting down the left upper extremity with tingling, numbness and paresthesia, particularly in the left hand. He rated his pain 6 to 8 out of 10; heavy lifting, bending, turning, and extending the neck made the pain worse. The numbness increased with discontinuation of Neurontin and he noted some improvement with discontinuation of Naproxen, for an allergic reaction. Medications included Relafen, Neurontin (re-started), Norflex, Prilosec, and Ultracet. On examination (10-15-15 notes), range of motion of the cervical spine was restricted. Paravertebral muscle spasms and localized tenderness was present in the lower cervical and left suprascapular region. Sensation was diminished along the medial and lateral border of the left forearm. Left-sided Spurling's maneuver was positive and manual motor strength was 5 out of 5 with give-way weakness of 4+ out of 5 in the left upper extremity. Treatments included physical therapy, acupuncture and medications, without mention of outcomes. MRI of the cervical spine on 5-18-15 showed mild to moderate degenerative disc disease of the cervical spine; there was a posterior disc osteophyte complex with a small annular tear at C5-C6, effacing the anterior thecal sac and causing moderated canal stenosis. Electrodiagnostic testing of the bilateral upper extremities on 6-10-15 showed evidence suggestive of active left C7 radiculopathy with reinnervation; further electrodiagnostic testing of the bilateral upper extremities on 10-13-15

was indicative of left C5- C6 radiculopathy with mild right carpal tunnel syndrome. The treatment plan called for epidural steroid injection at C5-C6 for radiculopathy. The IW was temporarily totally disabled. There were no previous epidural injections. A Request for Authorization was received for a translaminar cervical epidural injection at C5-6. The Utilization Review on 10-29-15 non-certified the request for a translaminar cervical epidural injection at C5-6.

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

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

#### **Translaminar Cervical Epidural Steroid Injection on C5-6: Overturned**

**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:** MTUS Guidelines support a trial epidural injection if specific criteria are met. The key criteria include the presence of a persistent radiculopathy that has consistent diagnostic study results. This individual has MRI studies and clinical findings that meet the recommended Guideline criteria. Under these circumstances, the request for the Translaminar Cervical Epidural Steroid Injection on C5-6 is supported by Guidelines and is medically necessary.