

<b>Case Number:</b>	CM15-0035022		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, California  
 Certification(s)/Specialty: 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 53 year old female with an industrial injury dated March 28, 2012. The injured worker diagnoses include cervical herniated nucleus pulposus (C5-7) with C4-7 kyphosis, and lumbar spondylosis status post anterior lumbar interbody fusion (ALIF) with anterior plate. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/19/2015, the injured worker reported low back pain, right elbow pain and neck pain radiating down her left arm. Cervical spine exam revealed decrease range of motion and decrease neuro motor exam in C5-6 left biceps and C6 left wrist extension. Sensation to light touch was decreased at the left radial forearm and hand. Spurling test was positive on the right. Documentation noted that the MRI of the cervical spine dated July 10, 2014 revealed C6-7 disc bulges, C4-5 anterolisthesis, C4-7 kyphosis and moderate stenosis with no cord compression. The treating physician prescribed services for one C5-6 cervical Interlaminar Injection between 1/19/2015 and 3/29/2015 to treat left arm pain and numbness due to cervical herniated nucleus pulposus and stenosis. Per the doctor's note dated 3/12/15 patient had complaints of neck pain radiating to right arm. Physical examination of the cervical region revealed limited range of motion, 4/5 strength, decreased sensation in left UE, and positive Spurling test. The medication list includes tramadol, Etodolac, Tizanidine and Ibuprofen and Lidoderm patch. The patient sustained the injury due to fall from a chair and also sustained the injury due to slip and fall incident. The patient's surgical history includes lumbar fusion in 2013. The patient has had X-ray of the cervical spine on 3/6/15 that revealed degenerative changes and osteophytes. The patient has had X-ray

and MRI of the low back. The patient had received 11 sessions of PT visits, 8 sessions of the acupuncture sessions and 5 chiropractic visits for cervical and lumbar region

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

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

#### **1 C5-6 cervical Interlaminar Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Request: C5-6 cervical Interlaminar Injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state: 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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient had received 11 sessions of PT visits, 8 sessions of the acupuncture sessions and 5 chiropractic visits for cervical and lumbar region. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for C5-6 cervical Interlaminar Injection is not fully established for this patient.