

<b>Case Number:</b>	CM15-0035955		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 60 year old male, who sustained an industrial injury on October 26, 2012. The injured worker had sustained a back and neck injury related to a fall. The diagnoses have included facet arthropathy of the lumbar spine, bilateral sacroiliac joint dysfunction, lumbago and cervical spine disc herniation's with foraminal narrowing and facet arthropathy of the cervical spine. Treatment to date has included medications, radiological studies, acupuncture treatment, chiropractic care, a home exercise program, a lumbar rhizotomy and a cervical epidural steroid injection. The cervical epidural steroid injection was noted to have worked for one week and then the pain gradually returned. Current documentation dated January 9, 2015 notes that the injured worker complained of a flare-up of severe low back pain with radiation to the left thigh for four days. He also reported neck pain with radiation into the bilateral arms to the elbows, worse on the right arm. Physical examination of the lumbar spine revealed tenderness to palpation, spasms of the paraspinous area and a decreased range of motion. He also was noted to have had pain with lumbar facet loading. Examination of the cervical spine revealed tenderness to palpation of the paraspinous region and increased pain with extension. Range of motion was decreased. The injured worker had pain with facet loading bilaterally. The treating physician requested a cervical epidural steroid injection for the pain. On February 19, 2015 Utilization Review non-certified a request for an interlaminar epidural steroid injection to the cervical spine at cervical five-cervical six. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

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

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

### **Interlaminar epidural injection of the cervical spine at C5-C6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Interlaminar epidural injection of the cervical spine at C5-C6 is not medically necessary.