

<b>Case Number:</b>	CM15-0043845		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 51-year-old male, who sustained an industrial injury on 9/17/2012. He reported neck and low back pain as a result of an industrial injury. The injured worker was diagnosed as having neuritis, brachial not otherwise specified (NOS); severe spinal stenosis; L3-L4 disk protrusion; C3-C4 disc protrusion. Treatment to date has included MRI cervical spine - disc protrusions at C6-C7 mildly narrow the proximal neural foramina (9/20/12); MRI lumbar spine (9/24/14); physical therapy; medications. Currently, per PR-2 notes dated 1/13/15, the injured worker complains, "Currently, his cervical spine is bothering him more than the lumbar spine". On notes dated 9/24/14, the MRI scan was interpreted by the provider indicating disc degeneration and herniation at C7-T1 and therefore requesting epidural steroid injection at C7-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at C7-T1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The patient presents with neck and low back pain. The request is for EPIDURAL STEROID INJECTION AT C7-T1. The request for authorization is dated 02/18/15. Provided medical reports were very brief with minimal information. Per UR letter dated, 02/26/15, MRI of the cervical spine, 09/20/12, showed a mildly narrowed and partially desiccated disc at the C6-7 level, posterolateral disc protrusion caused mild proximal foramina stenosis, there was no evidence of root compression with a patent central canal, and the C7-T1 level was normal. Treater does not document or discuss any physical examination findings. The patient is temporarily totally disabled. MTUS page 46,47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing - In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Treater does not discuss the request. MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. In the case, review of provided medical records from 08/29/14 to 02/24/15, treater documents no neurological deficits or any physical examination findings. Per UR letter dated, 02/26/15, MRI of the cervical spine, 09/20/12, shows a normal disc level at C7-T1. Actual MRI study is not provided for reiew. Radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, given the lack of documentation, the request IS NOT medically necessary. Treater does not discuss the request. MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. In the case, review of provided medical records from 08/29/14 to 02/24/15, treater documents no neurological deficits or any physical examination findings. Per UR letter dated, 02/26/15, MRI of the cervical spine, 09/20/12, shows a normal disc level at C7-T1. Actual MRI study is not provided for reiew. Radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, given the lack of documentation, the request IS NOT medically necessary.