

<b>Case Number:</b>	CM15-0087497		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 a 49 year old female, who sustained an industrial injury on May 1, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having degeneration of cervical intervertebral disc and cervical intervertebral disc displacement without myelopathy. On December 10, 2014, x-rays of the cervical spine revealed stable implantation of disc replacements cervical 4-5, cervical 5-6, and cervical 6-7. On December 5, 2014, electro-myography/nerve conduction studies of the bilateral upper extremities have revealed mild cervical 4-cervical 7 radiculopathy. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, a transcutaneous electrical nerve stimulation (TENS) unit, a H-wave device, and pain medication. On April 15, 2015, the injured worker complains of ongoing neck pain and numbness. The physical exam revealed almost normal movement of the spine and a normal neurological exam. The treating physician noted that a CT scan had revealed satisfactory implantation of disc replacements cervical 4-5, cervical 5-6, and cervical 6-7. There was some narrowing of the right cervical 3-4 nerve root foramen. The injured worker was noted to be taking very little pain medication. Her outcome to date was satisfactory. The treatment plan includes epidural injection at cervical 3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Epidural injection C3-4: Overturned**

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

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

**Decision rationale:** The 49 year old patient complains of pain in neck and left shoulder radiating down to the left hand, as per progress report dated 03/25/15. The request is for EPIDURAL INJECTION C3-4. The RFA for the case is dated 04/17/15, and the patient's date of injury is 05/01/12. The patient is status post cervical spine surgery in December 2013, as per progress report dated 10/21/14. The pain is rated at 8/10, as per progress report dated 03/25/15. In the same report, the patient also complains of lower back pain and numbness and tingling in bilateral upper extremities and bilateral feet. Diagnoses included displacement of cervical intervertebral disc, lumbago, sacroiliitis and depressive disorder. The patient is temporarily totally disabled, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," The Guidelines also state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the progress reports do not document prior ESI of the cervical spine. As per progress report dated 03/25/15, the patient does suffer from neck pain radiating to left shoulder and left hand. EMG/NCV, dated 12/05/14 and documented in progress report dated 03/25/15, reveals C4 radiculopathy. CT scan, dated 01/07/15, revealed C3-4 left lateral ridge and facet arthropathy resulting in severe left foraminal narrowing. In the progress report dated 04/15/15, the treater states that disc displacements at C4-5, C5-6 and C6-7 are satisfactory and that "the ongoing pain can be attributed partially to the C3-4 level. Accordingly, I would recommend that she have an epidural injection at C3-4." Given the positive EMG, left-sided findings on MRI at C3-4, radicular symptoms down the left side, a trial of one ESI would appear reasonable. The request IS medically necessary.